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ABSTRACT

The purpose of this investigation was to assess the effectiveness of three different short-term treatment interventions with college males characterized by little or no dating behavior and fears about dating. The treatments were designed to produce evidence concerning the effectiveness of: (1) lay versus professional action interventions, (2) action versus talking-relationship treatment using professional helpers and, (3) male versus female helpers in working with college males who desired to increase their dating frequency. Subjects consisted of thirty-eight college men under 30 who dated rarely or not at all, who were motivated to date and who volunteered to participate in a program designed to increase dating behavior. Two design paradigms were formulated which permitted; (A) testing for effects of sex, treatments, and interaction; and (B) testing for differences between the experimental treatments and a wait-control group. Male and female helpers were used in a controlled fashion in the three experimental treatments. (Author/BW)

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FINAL REPORT

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April 1972

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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ABSTRACT

ACTION AND VERBAL-RELATIONSHIP INTERVENTIONS
WITH COLLEGE MEN FEARFUL OF DATING

By

Nancy Marden Hay

The purpose of this investigation was to assess the effectiveness of three different short-term treatment interventions with college males characterized by little or no dating behavior and fears about dating. The treatments were designed to produce evidence concerning the effectiveness of lay versus professional action interventions, action versus talking-relationship treatments using professional helpers and male versus female helpers in working with college males who desired to increase their dating frequency. Specifically, the four treatments included: (1) professional counseling with a talking-relationship focus, (2) arranged social interaction with a variety of peers, (3) professional counseling with an action focus and a variety of counselors, and (4) a wait-control group. Male and female helpers were used in a controlled fashion in the three experimental treatments.

Four criterion measures were used to test effects of the experimental treatments: (1) individual differences in general anxiety were measured by post-test scores on the Willoughby Personality Schedule; (2) individual differences in dating anxiety were measured by scores on the Specific

Fear Index; (3) individual changes in the frequency of dating behavior were measured by a pre- and post-study change score; and (4) client satisfaction was indicated and a rating scale administered following treatment.

The selection of the helpers and the volunteer sample, pre- and post-testing random assignment of subjects to treatment and sex of helper and the experimental interventions took place between December, 1970, and July, 1971, in the St. Louis, Missouri area. Six male and six female professionals were paid to serve as the counselors, and five male and five female undergraduates comprised the paid peer helpers in the study.

Two design paradigms were formulated which permitted: (A) testing for effects for sex, treatments, and interaction; and (B) testing for differences between the experimental treatments and the wait-control group. The test statistics for the two anxiety criteria according to paradigms A and B were generated by the use of multivariate analysis of covariance using the pre-test scores on the two anxiety measures as the covariables. The data from the client satisfaction measure were analyzed using analysis of variance. The dating frequency data, according to paradigm A, were analyzed using a two-way analysis of variance. A univariate analysis of gain scores was used on the dating frequency data to test for differences between the experimental and the wait-control groups.

The only results of the analyses which reached significance at the .05 level were those from the MANCOVA analyses of the general anxiety data. The four conditions differed on general anxiety following treatment when adjustment was made for initial differences in anxiety. Further analysis revealed that the professional action treatment made this difference.

The data also revealed a trend toward a greater decrease in specific anxiety in experimental groups, compared to the wait-control ($p < .06$), a greater reduction of general anxiety in those subjects who saw male helpers ($p < .07$) and a tendency toward the greater effectiveness of the professional as compared to the peer treatment(s).

CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

General purpose of the investigation

The purpose of this investigation is to assess the effectiveness of three different short-term treatment interventions with college males who have dating problems and are characterized by fear of dating. The treatment results will permit the comparison of: (1) professional counseling with a talking-relationship focus, (2) arranged social interaction with a variety of peers, (3) professional counseling with an action-role playing focus and a variety of counselors, and (4) a wait control group. Male and female helpers will be utilized in a controlled fashion in the three experimental conditions. The resultant data should provide evidence concerning the relative effectiveness of lay versus professional interventions, action versus verbal-relationship treatments, and male versus female helpers in working with male clients.

Concern with this project grows out of four current issues: (1) the general trend in the field of counseling and psychotherapy toward attempting to bring methodological order out of "chaos" (Rogers, 1963; Colby, 1964) in order to meet the rising demand for service, (2) a conviction that "dating" presents a sufficient problem to many college males to merit

systematic attention from the mental health professions, (3) an interest in the use of "lay" helpers and the evaluation of their effectiveness compared to that of "professionals" and (4) the controversy concerning relative effectiveness of action (or behavioral) interventions and talking-relationship interventions.

Emphasis on methodology

An acute demand for a service which unfortunately utilizes vague techniques which are effective only part of the time with some of the people has resulted in an expression of concern for improved methodology in research and in practice (Kiesler, 1966; Paul, 1966b; Rogers, 1963, 1965; Stollak, Guerney and Rothberg, 1966; Whiteley, 1967), Edwards and Cronbach presented a positive case for formal design in psychotherapy research, analyzed the issues, and discussed the limitations of design in their 1952 paper. Many other professionals have expressed similar beliefs in the importance of good research design in investigations of counseling, psychotherapy, and education (Campbell and Stanley, 1963, 1966; Krumboltz, 1966b; Paul, 1966; Farquhar, 1967; Krumboltz and Thoresen, 1969).

Kiesler (1966) stated that in the area of psychotherapy (and it seems certain that he would not omit counseling), "Research can no longer ignore the necessity for factorial designs [p. 33]." Other writers emphasize the importance

of operational definitions of relevant variables (Patterson, 1966; Stollak, Guerney and Rothberg, 1966; Wellman, 1967), the control of rival hypotheses (Campbell and Stanley, 1963), of objective, individualized behavioral outcome criteria (Krumboltz, 1967; Paul, 1966; Truax, 1967; Zax and Klein, 1963, 1966), or the desirability of research directed toward meeting the "test of relevance." Krumboltz (1967) defined "relevance" to mean that the results of the research will have direct implications for the nature of counseling practice.

Methodological concern is also focused upon the behaviors of the counselor and counselee. Krumboltz and Thoresen (1969) described counseling as a specific process in which client and counselor work together upon feasible, explicit, and mutually agreed upon goals. The counselor experiments systematically with different ethical techniques in order to find those which will be most effective with a particular client.

The authors cited above emphasize the importance of research designs which provide data which are relevant to the hypotheses under test, the increased use of factorial designs, explicit operational definitions of relevant variables, clear outcome criteria and of research which will have direct implications for practice. The pressure caused by a demand for services in counseling and psychotherapy has encouraged the

investigation of the effectiveness of many procedures. This same pressure, a slowly growing scientific sophistication and a body of literature composed to an unfortunate extent of conflicting and equivocal results, has led to an increasing focus on the importance of scientific methodology in investigations in the counseling field.

The dating phenomenon

The second source of interest in this investigation is the dating phenomenon. Authorities in several disciplines have stated that dating and courtship behaviors are important in the developmental process (Blocher, 1966; Gottlieb, 1964; Levine, 1963; Lowrie, 1948; Muus, 1962; Smith, 1962). Havighurst (1948) considered the development of new relations with age mates of both sexes to be an important task of adolescense, "successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks [p. 6]." Schoeppe and Havighurst (1960) supported this earlier statement with a longitudinal study of high school students. Dating seems to be a major way of establishing these new and different relationships with the opposite sex and to be important in learning an appropriate sex role. There is pressure to date from peers, from parents, and from the schools. The school provides "a multitude of non-academic programs [which] . . .

frequently call for the participation of male and female partners [Gottlieb and Ramsey, 1964, p. 171]." Some schools value popularity highly. In schools which emphasize dating activity, "the persons who achieve in this activity feel best about themselves and less often want to be someone different . . . the effects of these social systems on boys' or girls' self-evaluation are extremely powerful [Coleman, 1962, p. 236]." The individual who does not date may become "frustrated and turn to more introverted forms of reaction [Lowrie, 1948, p. 90]." Non-daters consider themselves as less valuable than their peers and admit to feelings of "social failure." They have to deal with a social stigma, a feeling of personal rejection and isolation (Levine, 1963), and possible pessimism about their eventual ability to find a marriage partner (Gottlieb and Ramsey, 1964).

The hard data to support these assertions about the traumatic effects of non-dating are not conclusive. Garrison (1951), Meissner (1961), and Morgan (1969) provided data about the problems of high school students indicating that boy-girl concerns are a source of fear and worry to a sizeable number of them.

Early studies of college students did not suggest a great concern with personal adjustment or heterosexual relationships. Congden (1943) felt, however, that this might be a reluctance to admit such concerns on the Mooney Problem

Checklist. Several studies strongly support the position that college students are concerned about interpersonal relationships--particularly those between men and women.

Sister Jane Becker (1971) dealt with the presenting problems and goals of St. Louis University students. Her sample was small (24 Counseling Center clients and 20 control subjects), but it is particularly relevant since it is from the same university which provided 32% of the sample for the present study during the following year. Becker's subjects ranked 37 problems as to importance. A ranking of "one" was "very important" and "nine" was "least important" or "not at all important." Eleven of the 24 clients ranked "better relations with the opposite sex" among their four most important concerns. Seventeen of the 20 control subjects listed improved relations with the opposite sex as important goals for them.

Certainly, Heath and Gregory's Harvard sophomores (1946), Gordon's (1950) Ohio State undergraduate women, Koile and Bird's (1956) East Texas students, Ottoson's (1967) liberal arts students, Martinson and Zerface's (1970) Indiana University students, Rust's (1960) Yale undergraduates, and the St. Louis University students indicate that they have concerns about social and recreational activity, courtship, and dating. A study done in 1962 at the University of California at Davis, which was quoted by Bolton and Kammeyer

(1967), stated that juniors and seniors ranked "dating" a close second in importance to "living with peers" in the formation of their "self-definition." These students, apparently, agree with the authorities on the importance of dating in their developmental process.

Misinformation and lack of familiarity with what is expected on a date contribute to concern over dating. Men tend to be more romantic than women about dating (Knox and Sporakowski, 1968) and to assume that women are more concerned with physical attractiveness and sexual assertiveness (Balswick and Anderson, 1969; Blood, 1956; Hewitt, 1958) than they really are. Misconceptions such as these make dating appear more difficult than it needs to be and contribute to the communication problems between men and women.

Correlational studies suggest that there may be an association between non-dating in college and social isolation and possible failure (Slocum, 1956; Rust, 1960; Adinolfi, 1970; and Martinson and Zerface, 1970). "Rates of emotional disturbance tend to rise as one moves from a condition of low friendship solidarity and academic dissatisfaction [Segal, 1967, p. 242]." With the average ability student at Duke grades vary inversely with anxiety level (Spielberger and Katzenmeyer, 1959; Spielberger, 1962). Grace (1957) found responsibility and low anxiety correlated with staying in college. Colleges characterized by a high frequency of

informal dating are also characterized by high dropout rates. "Almost one-half of the students who left their first college indicated they were dissatisfied with their environment [Astin and Panos, 1969, Panos and Astin, 1968]." No direct information is given to indicate the particular sources of dissatisfaction for these students. Students who indicated they had a number of close friends tended, however, to persist in college (Panos and Astin, 1968). One can only suspect that it may have been isolated non-daters who dropped out of those college environments where informal dating was emphasized.

The data at least suggest that dating problems may have a detrimental influence on the college students' careers and on their self-esteem. The need is apparent for systematic study of the effect of dating problems on academic achievement, self-esteem, interpersonal relationships, and psychosexual development. It seems equally clear that students are aware of these problems and would like some assistance with them (Martinson and Zerface, 1970; Becker, 1969).

The entire institution of dating is a neglected research area (Martinson and Zerface, 1970; Lowrie, 1948; Gottlieb, 1964; Schoeppe and Havighurst, 1952, 1960). It is not surprising then that the literature indicates very few studies of programs designed to help students improve their dating skills. Martinson and Zerface (1970) and Morgan (1970)

describe two such programs. Morgan (1970) used four short-term experimental conditions with "seldom-dating" Indiana University students: role models, model exposure plus rehearsal, rehearsal only, and focused counseling. Behavioral rehearsal resulted in a decrease in anxiety on a self-report measure. Adding the model to behavioral rehearsal had a detrimental effect. The men exposed to this approach made fewer date requests following treatment. There were no statistically significant differences on the other criteria used in Morgan's study.

In the study described by Martinson and Zerface (1970), 24 University of Indiana students characterized by fear of dating were assigned to professional, individual counseling, a semistructured social program with coeds who were interested in improving their own social skills or a delayed-treatment control group. Subjects were compared on change in general anxiety, change in specific fear of dating, on the number who were dating at post-treatment follow-ups, and on client satisfaction. The social program seemed to be the most effective in decreasing the specific fear of dating and in increasing dating behavior. The professional counseling was most effective in decreasing general anxiety. It is difficult to interpret the results, however, because sex, status, and age of helped were confounded with treatment in the design. The present study partially parallels that of

Martinson and Zerface and attempts to control some of the methodological problems which blurred their results.

College is sometimes seen by the students and the professionals as a place where the developmental problems associated with non-dating may be corrected (Blocher, 1966; Coons, 1970; Heath and Gregory, 1946, 1960). The available data strongly suggest that it is time that we take advantage of this opportunity.

Lay and professional helpers

The demand for service has contributed to the use of lay personnel by mental health professionals in various disciplines. This practice has continued to develop despite considerable reluctance to employ non-professionals, and anxiety about the possible consequences of their employment. The literature contains much support for the usefulness of lay mental health workers and much information about various programs for training them. Lay personnel have been used effectively with hospitalized psychotics (Carkhuff and Truax, 1965; Poser, 1966), in community mental health and crisis centers (Farberow, 1969; Lynch, Gardner, and Felzer, 1968), with rehabilitation in-patients (Truax and Lister, 1970), with junior high blacks (Carkhuff and Griffin, 1970), with children in play therapy (Stollak, 1968), and with anxious college students (Neuman, 1968; Martinson and Zerface, 1970). Lay personnel have worked with groups and with individuals.

Training has ranged from sending the lay personnel a "structured letter" (Martinson and Zerface, 1970), to the two-year program for college graduates conducted by Rioch (Magoon and Golann, 1966).

Some studies compared the effectiveness of professionals with that of non-professionals indirectly by evaluating the levels of the various process variables (empathy, genuineness, positive regard, etc.) offered by helpers having different status.

> [In] general, following training, on both identical and converted indexes [sic], lay trainees function at levels essentially as high or higher (never significantly lower) and engage clients in counseling process movement at levels as high or higher, than professional trainees [Carkhuff, 1969, p. 5].
>
> While the number of comparative studies is limited, with both outpatients and inpatients, lay persons effect change on the indexes [sic] assessed at least as great or, all too frequently greater (never significantly less) than professionals [Carkhuff, 1969, p. 7].

Some of the studies which Carkhuff cites are not directly relevant to a college student population or to problems with interpersonal relations such as dating. Two of the six studies to which he refers are not actually comparable in any experimental sense (Harvey, 1964; Magoon and Golann, 1966).

Harvey (1964) described the use of trained and supervised non-professional volunteers as marriage counselors in Australia. Harvey said,

> The results cannot be described in experimental language, but . . . the increase in numbers of professional people

> willing to associate with such a counseling activity indicates that controlled and supervised services of selected and trained non-professional workers can provide a useful service [p. 351].

No attempt was made by Harvey to compare the work of the non-professionals with that of professional counselors. The mental health workers with whom Rioch (1966) and Magoon and Golann (1966) were concerned were indeed evaluated as effective by their supervisors and co-workers, but that study did not directly compare their effectiveness with that of more conventionally trained counselors or therapists.

Anker and Walsh (1961) attempted to compare the results of group psychotherapy, group structure and a special activities program with hospitalized schizophrenic patients in a veterans hospital. The design was complex, the explanation poorly presented, the group psychotherapy all done by the senior author and the drama activity all led by one recreation worker, which confused the interpretation of the results considerably. According to the authors, the only treatment showing statistically significant improvement on a paper and pencil measure of behavioral adjustment was the activity group led by the "non-professional."

Poser's study (1966) with schizophrenic in-patients also has several confounding variables (time and phenothiazine being two of them). In this study, the members of the lay-treated groups showed more improvement than those treated by professionals on the verbal and psychomotor pencil and paper

criteria. There was no significant difference in discharge rate. Mendell and Rapapport (1963) worked with schizophrenic out-patients in a study covering a 51-month period. Psychiatrists, psychologists, social workers and psychiatric aides all had a once-monthly, 30-minute treatment interview with their schizophrenic out-patients. The patients were not randomly assigned, but were picked by their helpers, sometimes on the basis of continuing therapy begun when they were in-patients. Some of the patients were receiving medications, but no information was given about which patients in which groups were on what medications. The recidivism rates were 20 percent for those patients seen by psychologists, 23 percent for those seen by social workers, 34 percent for those seen by psychiatrists, and 36 percent for those seen by psychiatric aides. Who can say which of many fluctuating variables may have caused this difference?

In a study with superior design to those cited by Carkhuff and discussed above, Truax and Lister (1970) compared the effectiveness of counselors, counselor-plus-aides, and supervised aides working with rehabilitation clients. On all criteria, "the best results were obtained by the aides working alone under the daily supervision of professional counselors [p. 333]." Although sex of helper and age are uncontrolled, the results were clear that the secretary helpers in this study were more helpful to clients than master's level counselors.

Studies dealing with college student populations are particularly relevant to this discussion. Wolff (1969) conducted a study with male freshmen at the University of Rochester. The experimental treatments consisted of small group discussions once weekly for a total of ten sessions. Four groups were led by advanced psychology doctoral students with considerable experience and four groups were led by undergraduate resident advisers who were supervised by the advanced doctoral students. The experimental subjects were compared on four criteria to two sets of control subjects (volunteers for the project who did not participate and non-volunteers). The outcome criteria included number of sociometric choices by peers, grade point average, visits to the counseling service and number and kinds of activities as indicated on a form. "In general the results of comparing all the controls to all the experimental subjects suggest that group experiences can favorably affect the interpersonal relationships of freshmen [p. 301]." The experimental groups improved more than the control subjects on the sociometric criterion. "There was a trend suggesting that group E (graduate student led) increased more than all other groups on the percent of favorable other choices by the outgroup [p. 300]." The differences on the other three criterion measures were not significant, but it is clear that both lay- and professionally (or at least semi-professionally) led group

discussions were helpful in the adjustment of freshmen college males to same-sexed peers.

In two other comparative studies with college students, Neuman (1968) and Zunker and Brown (1966) concluded that interventions which did not involve a professional counselor were equal to or more effective than those which used professionals. Both of these studies involved group interventions. Neuman compared short-term group desensitization and group insight procedures used by professionals and sub-professionals and two control groups with test-anxious college students. He used multiple outcome criteria, including various anxiety measures and client and therapist ratings. The sub-professionals proved more effective on one inventory for anxiety and the professionals on another. There were no significant differences between the two kinds of helpers on other criteria. Both experimental groups improved.

Zunker and Brown (1966) implemented an activity sequence for academic adjustment with freshmen. The program consisted of four meetings, the first three of which were group meetings. Two male and two female professionals and four male and four female upperclassmen composed the helpers. Both groups of helpers were trained in a 50-hour training program. There was no significant difference according to status of helper on the effective study test criterion; but the subjects who had student counselors retained more

information on the Counseling Comprehension Test and rated the program higher than did those subjects with professional counselors. The student-counseled girls made better use of the study skills knowledge than other subjects and the student-counseled subjects as a whole were significantly higher on grade point averages! The professionals in this study were state certified and experienced school counselors who were candidates for the master's degree at Southwest Texas State. It could be argued that the study compares non-professionals and semi-professionals. All freshmen participated as experimental subjects.

Martinson and Zerface (1970) had both peers and professionals working with college males with dating problems, but the treatments utilized by each group were very different. The study does indicate that girls who have dating problems and utilize a semistructured program can be more effective in increasing dating behavior of college males than male counselors using traditional short-term counseling.

The studies which compare the relative effectiveness of lay and professional counselors are surprisingly few and methodological problems are unfortunately frequent. The data certainly suggest, however, that interventions by non-professionals can be helpful with a variety of people with a variety of problems. In the comparative studies with students, the lay counselors certainly proved to be effective

and, in the Zunker and Brown (1966) study, to have better results on several criterion measures than did the master's level school counselors who comprised the professional helpers. There is insufficient evidence to indicate that professionals of various levels should turn direct service over to lay counselors, but the data do support the use of sub-professionals and the need for a great deal more comparative research.

Action and verbal-relationship approaches

The controversy between the "action-oriented" professionals (behaviorists, socio-behaviorists, etc.) and the talking-relationship-oriented professionals (whom London [1965] refers to as "insight therapists") has resulted in a mammoth body of vituperative literature. Breger and McGaugh (1965), for example, criticized the learning theory explanations used by behavior therapists as simplistic, their methodology as weak and misleading, their conceptualizations of neurosis as inadequate and their success claims as inflated. Rachman and Eysenck (1966) attempted a rebuttal of this critique and also of the reformulation of behavior therapy suggested by Breger and McGaugh (1965). Essentially they accused Breger and McGaugh of making distorted, inaccurate and misleading criticisms and of presenting a vague and useless reformulation. They reasserted that behavior therapy,

in spite of falling short of perfection, was making a greater contribution than other therapies because of its behavioral laws regarding the relationship of CS and UCS and conditioning, extinction and different response rates. From these laws, they stated, effective techniques producing excellent results have developed. They repeated their assertions about the superiority of behavioral research. Breger and McGaugh (1966) replied with a denial of most of these charges, a reiteration of their original attack and a study by study analysis of the research referred to by Eysenck and Rachman to document the successes of behavior therapy and its research excellence. Breger and McGaugh contended that these studies were either irrelevant to the argument or uncontrolled case studies.

There is no purpose here in describing the controversy between the "behaviorists" and the talking-relationship oriented therapists in greater detail. Neither side can boast of an explicit, integrated and generally accepted theory of personality behaviors from which a theory of personality change has been derived. In this discussion I will present a very brief comparison of the two points of view and an example of each. Albert Bandura (1969) represents an example of the action professionals and Carl Rogers of the talking-relationship viewpoint.

London (1965) stated that

> the most important commonality of the theories of the Action therapists is that all of them come under the heading of theories of learning . . . they are all agreed that only a very few principles of learning are needed to understand even the most complex kinds of behavior to which psychotherapy is applicable [p. 81].

In counseling, these therapists tend to focus on producing specific changes in overt behavior, to be very active and directive in treatment and to take more responsibility for process than do the talking-relationship group. Techniques include: systematic desensitization, conditioned avoidance procedures, role-playing, implosive therapy (à la Stampfl), assignments to perform various specified behaviors and the use of shaping and modeling procedures.

Albert Bandura can serve as an example of the action-oriented professionals although his conceptualization of human learning is more broad than that of most of the learning theorists to whom London referred. He concerns himself with human learning of three general types in his articulation of his social learning theory: (1) those behaviors which are a reaction to environmental stimulation and association (emotional behavior resulting from autonomic nervous system or behaviors resulting from physiological tensions such as hunger or fatigue, for example), (2) those behaviors resulting from feedback to previous behaviors (positive or negative reinforcement, for example), and (3) those behaviors which are the result of cognition (coding and synthesizing

data and hypothesis testing, for example). Behaviors are acquired and maintained on the basis of what Bandura refers to as "three distinct regulatory systems" which include the types of behavior discussed above and to which Bandura refers as (1) external stimulus control, (2) response feedback processes, and (3) central mediational processes. Bandura sees man as "neither an internally impelled system nor a passive reactor to external stimulation. Rather, psychological functioning involves a reciprocal interaction between behavior and its controlling environment [Bandura, 1969, p. 63]."

Bandura focuses on manipulating the social environment, on an active planning counselor, on clear explication of the goals and sub-goals of treatment and on the use of models, reinforcement and withdrawal of rewards to induce behavior change. He emphasizes the importance of client behavior in the client's milieu rather than office behaviors.

> It follows from principles of generalization that the optimal conditions for effecting behavior changes from the standpoint of maximizing transfer effects, would require people to perform the desired patterns of behavior successfully in the diverse social situations in which the behavior is most appropriate. On the other hand, when treatment is primarily centered around verbal responses expressed in an invariant atypical context one cannot assume that induced changes will necessarily generalize to real life performance to any great extent [p. 105].

Bandura does not see the relationship as essential in social learning and implies it is not essential in "change programs." His use of learning theory principles is broader than that of

many of the action people due to his consideration of hypothesis testing, coding and organizing in his discussion of the "central mediational processes."

The talking-relationship oriented therapists share an emphasis on talking within a relationship which roughly parallels the emphasis on "doing" among the Action therapists. The talking-relationship people tend to emphasize inter- and intra-personal relationships and internal more than external behavior. Emotions and the understanding of feelings are considered important areas of concentration as these counselors work to help their clients to change internal behaviors and (often) external behaviors as well. In general, practitioners with this point of view are less concerned with explicating goals for treatment, leave more responsibility for the conduct of the sessions up to the client and are less apt to involve themselves with environmental manipulation than are the action-oriented therapists. They tend to emphasize the internal dynamics or experiences of the individual as manifested in social relationships (past or present) and to pay little attention to the details of the learning process in which these behaviors are learned or changed. The goals of therapy are usually phrased in terms of global, inter- or intra-personal behaviors or characteristics such as openness, congruence, maturity, or self-acceptance rather than in terms of rather specific actions or groups of actions such as:

increase assertive behaviors, eliminate a phobia, reduce test anxiety or increase dating behavior.

"Behavior," according to Rogers (1951) "is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived [p. 491]." A basic goal or need of the organism is the tendency to actualize, maintain and enhance itself. Rogers includes physiological tensions as behavior modifiers, but he does not deal with these at length. Perception by the individual is partly conscious and partly unconscious, but each person exists at the center of his own private world due to the uniqueness of his perceptions. His behavior is a <u>total</u> organized response to this private perceptual field and much of it is dependent upon that part of the total which the individual defines as self.

> Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences which consequently are not symbolized or organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension [p. 510].

The client, then, is the "only one who has the potentiality of knowing fully the dynamics of his perceptions and behavior [p. 221]."

The activities of the counselor are directed toward helping the client to explore his conflicts and behaviors and toward helping him in "experiencing the inadequacies in old ways of perceiving, the experiencing of new and more accurate

perceptions, and the recognition of significant relationships between perceptions [pp. 222-23]." Rogers clearly sees this as a learning or re-learning process. He does not address himself to analysis of the learning process, however, but to the relationship within which the relearning can take place and to the qualities of that relationship. Earlier in his career, Rogers concentrated on empathy, positive regard and congruence from the therapist to the client in a relationship in which the therapist functioned as a mirror. Recently, Rogers has emphasized a more mutual relationship between client and counselor. He has continued to investigate empathy, positive regard and congruence offered by the therapist as important variables in effective therapy, but has changed his emphasis somewhat. "Therefore it would seem that this element of genuineness, or congruence is the most basic of the three conditions [Rogers, 1967, p. 100]." He assumes client vulnerability to anxiety (incongruence), psychological contact between therapist and client to the extent that "each makes a perceived or subceived difference in the experiential field of the other [p. 99]" and client perception of the therapists offered conditions to be necessary factors in constructive client change.

The therapist who is of Rogerian persuasion will concentrate on "tuning in" to his client's world and upon the quality of their relationship. The main techniques are verbal

and the helper will be less active and directive than an action helper would be as he attempts to aid the client in learning about himself in order that he may change his behavior.

> [The] changes in behavior keep pace with the changes in organization of self, and this behavior change is, surprisingly enough, neither as painful nor as difficult as the changes in self-structure. Behavior continues to be consistent with the concept of self and alters as it alters [Rogers, 1951, p. 195].

Rogers himself appears to be moving slightly toward the position that "much significant learning is acquired through doing [Rogers, 1969, p. 162]." In the classroom at any rate he has emphasized the importance of active participation by the learner. He saw a free atmosphere as a necessary condition for permitting the "facilitation of change and learning [p. 104]," which were his stated goals for education. The active learner will, Rogers indicated, feel better about himself and advance toward the goal of becoming a fully functioning person as the result of participation in and taking responsibility for the learning process. The implication seems clear that the action results in a change in the person's self-concept. In this context, he indicated agreement with B. F. Skinner that one must engage in behavior to acquire behavior (Rogers, 1969, p. 140).

Rogers does not seem, as yet, to have integrated the above point of view into his conceptualizations of psychotherapy. The client "finds his behavior changing in

constructive fashion in accordance with his newly experienced self [Rogers, 1969, p. 281]." He was, at this writing, in the somewhat paradoxical position of holding his old view that overt behavior change follows changes in the perception of self and the conviction that, at least in some instances, overt behavior may lead to changes in self-concept (as Bandura contended).

Both the Action and the Talking-relationship factions have done some self-examination in attempts to isolate relevant variables in client change. The data suggest that the positive results of desensitization are not due to extinction or placebo effects, but that relaxation training is an important ingredient for change, that the quality of the relationship makes a difference when combined with an action treatment for obese clients and that high levels of empathy, respect and genuineness offered by therapists are associated with positive changes in clients, while low levels are associated with negative changes.

Laxer and Walker (1970) attempted to isolate variables relevant to change in test-anxious high school students. They found that "treatment was only effective in those conditions where relaxation training was involved [p. 434]." They found no support for the hypothesis that systematic desensitization could be explained by simple extinction or placebo effects.

Stollak's (1967) study also gives some information about relevant variables. His results suggest that a combination of action (diary-keeping) and relationship "did result in significant weight loss. But when another variable such as shock, specific or non-specific, enters into this relationship the positive effect of the relationship disappears [p. 63]."

Carkhuff (1969) has been involved in many studies which, he says, support the position that "helpees of high-level functioning helpers demonstrate constructive change on a variety of indexes [sic] while those of low-level functioning helpers do not change or even deteriorate [p. 24]." He went on to refer to many studies which indicated that the helper and his levels of empathy, respect and genuineness have a direct effect on the process and outcome of the therapy.

Truax (1963) attempted to relate measures of therapist empathy, unconditional positive regard and congruence to personality change in psychotherapy with schizophrenics. Those patients who improved had therapists who were rated higher on empathy, positive regard and self-congruence. The data suggested that the patients who were treated by therapists who were rated low on the characteristics showed negative personality change on a battery of psychological tests. These tests included the Rorschach, the MMPI, the TAT, the

WAIS, Wittenborn Psychiatric Rating Scales and several anxiety measures. In a parallel study, also discussed by Truax (1963), those patients whose therapists were rated low on the therapeutic conditions showed increased anxiety on an Anxiety Reaction Scale.

We have only begun to isolate the variables which are relevant to client change. Relationship variables (such as empathy, congruence and acceptance) have been shown to have a clear association with the amount and direction of client change. Reward and punishment, modeling behaviors, relaxation training, role playing, and central mediational processes also have association with external and internal behavioral change. All of these variables and techniques may be useful in some cases, some may be useful in all cases, but we are not certain that all are useful in all cases.

Case studies have long been available describing insight approaches and are easily accessible for action treatments as well (Krasner and Ullman, 1968; Krumboltz and Thoresen, 1969). Certainly these data suggest that people with anxiety and fears about speaking up or asserting themselves in performance, evaluation, or interpersonal situations respond favorably to role-playing (Hosford, 1969; Varenhorst, 1969) or desensitization (D'Zurrilla, 1969; Emory, 1969; Paul, 1966, 1968). The lack of control of rival hypotheses in the one-shot case study, however, leaves one

stimulated, but unarmed with ammunition to answer the question of "which procedures and techniques, when used to accomplish which kinds of behavior change, are most effective with what kind of counselors [Krumboltz, 1966, p. 22]."

Comparative experiments, which have begun to appear more frequently in the literature in the past ten years, provide some progress in our attempts to answer Krumboltz' question. Design problems prevent some of these from being clearly interpretable (Anker and Walsh, 1961; Martinson and Zerface, 1970). Martinson and Zerface, for example, had so many systematic confoundings of variables within their experimental treatments that one can only guess which of these may be relevant to the results which they found.

An example of a recent comparative study is that of Marks, Sonoda and Schalock (1968). Chronic schizophrenics were assigned to either a behavior modification reinforcement program or a relationship treatment. The investigators found both effective.

> There was no consistent difference in over-all effectiveness between the two. Moreover, reinforcement showed no consistent differences from the relationship functions which it facilitated [p. 401].

Likewise, Hogan and Kircher (1968) investigated the relative effectiveness of implosive therapy, eclectic verbal therapy and bibliotherapy with coeds who were snake phobics. They reported no difference in the success rate between implosive and the eclectic verbal approaches, but bibliotherapy was

significantly less effective than other treatments. Comparative investigation of insight and action approaches was conducted by Hedquist (1968). In addition to the action group counseling and didactic insight group counseling experimental groups, he also included a control group and attempted to measure the effectiveness of each experience as he worked with college students on academic warning. He reported no differences in effectiveness between groups.

Paul's elegantly designed experiment and the subsequent follow-ups and amplifications (1966a, 1966b, 1966c, 1967, 1968) can be quite clearly interpreted as support for the superior efficacy of individual systematic desensitization to insight-oriented therapy with college students experiencing performance anxiety. Paul's work also supports the value of systematic desensitization procedures added to a group treatment with students experiencing performance anxiety. He found no symptom substitution problem in the follow-up studies. There were no relapses except among the control group students. Even the attention-placebo group was stable in improvement at the two-year follow-up. He suggests that this may have been the result of the relationship which was part of the placebo.

The results of studies reviewed do not conclusively prove either action or talking-relationship approaches to be superior. They do suggest possible value in a

rapprochement. One sees the beginnings of this rapprochement in a cross-fertilization of techniques and methods. Some behaviorists are acknowledging that the warmth, empathy, and positive regard of the counselor must be communicated to the client (Krumboltz, 1966; Krumboltz and Thoresen, 1969; Bergin, 1966). The verbal-relationship oriented counselors are using various behavioral techniques and explicating the goals of treatment with their clients. The need is clear "for further experimentation in many areas that we may better pinpoint what treatment, by whom, is most effective for <u>this</u> individual with <u>that</u> specific problem and under what set of circumstances [Paul, 1966, p. 7]." At best the kind of question posed by Paul and Krumboltz can only be answered in terms of probabilities. However, it seems apparent that knowing what procedures are <u>most likely</u> to be helpful, utilized by X kind of helper, with Y kind of individual having Z problems and goals with which he wants help would greatly simplify counseling practice and training! One can speculate that both action and talking-relationship approaches will be a part of the answer to the above question, but this will have to be settled by continued experimentation.

<u>Summary</u>

Practitioners in counseling and psychotherapy are genuinely concerned with the methodological muddle in which they find themselves. The literature is monumental, but the

data relevant to improving the effectiveness of practice are not impressive. More issues exist than well-supported answers and more dogma than explanation. This has produced two alternative responses. Some researchers have reacted by an increased focus on improved research design, increased and more rigorous self-examination by members of the profession and a demand for relevance in questions the researchers have posed. The other reaction to the "state of chaos" (Rogers, 1966, p. 11) is to turn away from research as useless or impossible. A sense of futility about doing research and of hopelessness about attempting to identify (much less to quantify) the relevant variables for client change is often expressed by grumbling graduate students and harassed practitioners. This response is rarely specifically articulated in the literature, however, and is not a course of action likely to integrate chaos or to improve practice. This point of view has not contributed to the frame of reference of the current investigation.

The dating phenomenon appears to be relevant to the developmental process. College students share problems in this area with students still in high school. The data suggest that inability to date, or intense anxiety about dating, may have a detrimental influence on the school experience and personal development of students. Little research has been conducted in this area in spite of the importance of the

issue and the availability of college subjects for research projects. Perhaps the area has been neglected partly because the demand for service is not as evident as it is with other problems. Those males who hesitate to assert themselves in dating behavior are not likely to assert themselves in loud cries for help.

The increasing demand for various kinds of mental health services and an undersupply of trained professionals to supply these services has had diverse effects. One result has been the increased use of non-professionals as helpers. The literature indicates that these lay helpers can be very useful with a variety of patients and clients. Here again, however, the data are not sufficient to settle the questions of whether there is a difference in effectiveness between professionals and sub-professionals, in what areas the difference may lie, if it exists, and in what circumstances lay or professional helpers might be more appropriate.

The controversy between the action and the talking-relationship therapists presents us with a similar dilemma. We do not have clear theoretical positions to compare and there are few comparative studies to answer questions about the relative effectiveness of the two approaches with various kinds of problems and people.

The purpose of this investigation was to compare the effectiveness of three short-term treatments and a wait-control

group. The treatment results provided evidence concerning the relative effectiveness of lay versus professional interventions when both kinds of helper used an action approach, of action versus verbal-relationship treatments by professionals and of male versus female helpers (of either status) in working with college males whose fear of dating was limiting their dating behavior severely.

CHAPTER II

EXPERIMENTAL DESIGN AND PROCEDURES

Objectives and overview of the study

The purpose of this study was to assess the effectiveness of three short-term treatment interventions with college males who seldom dated and who were characterized by fear of dating. The three experimental treatments were compared with a wait-control treatment and the experimental groups were tested for differences between the treatments, sex of helper and the possible interaction of treatment and sex of helper.

The current study is a partial replication of an earlier study done at the University of Indiana and described by Martinson and Zerface (1970). This study is discussed briefly in Chapter I of this paper. The present study deals with the same general problem population as do Martinson and Zerface. The subjects in the earlier study were fearful non-daters, those in the current study are fearful seldom-daters. The subjects in both studies were compared along the dimensions of general and specific anxiety change, dating frequency, and client satisfaction. Two of the criterion variables have been modified for the current design. These modifications

will be described in detail later in this chapter.

The design of the current study has sex of helper and the three experimental treatments as completely crossed independent variables. The three experimental conditions include professionals in a talking-relationship mode and peers and professionals each in an action-oriented mode of treatment. The fourth condition is a wait-control group. This differs from the Martinson and Zerface study which had only two experimental treatments and a delayed-control group. The male professionals in one of their experimental conditions counseled in an eclectic fashion and the female peers in the other experimental treatment participated in an arranged social interaction. Sex and status of helper and mode of treatment were thus confounded, which made interpretation of the results most difficult. The results shed little light on the questions underlying their research concerning the relative effectiveness of peers and professionals and of the action and "traditional counseling" approaches to dating behavior change. Both the Martinson and Zerface and the current study involve the same duration and frequency of treatments.

The statistical analyses of the dependent variables differ considerably in the current study from those utilized by Martinson and Zerface. This will be discussed more fully later in this chapter.

Four general questions of interest were addressed in the study with relation to college males under 30 with dating difficulties. They were: (1) Is there a difference in the effectiveness of male or female helpers? (2) Is there a difference in the effectiveness of professionals in a talking-relationship-oriented treatment versus an action-oriented approach? (3) Is there a difference in the effectiveness of professionals in an action-oriented approach versus peers in an action-oriented approach? (4) Is there a difference in outcome between the experimental groups and the wait-control group?

The three experimental treatments all involved having the subjects meet with a helper for one hour a week during a total of five weeks. One half of the subjects in each treatment saw all same-sexed helpers and the other half saw all opposite sexed-helpers. Prior to the beginning of treatment, all the subjects received letters explaining their particular treatment and giving them some idea of what their responsibilities would be and who their helper would be. In the case of those subjects in Treatments II and III, they were given the name and telephone number of their first helper (see Appendix).

The treatments were as follows: (1) Professional counseling with a verbal-relationship orientation and the same counselor each week. Behavior modification techniques

were ruled out of this treatment. (2) Arranged interaction in which the subjects saw a different peer helper each week. The subjects were responsible for making arrangements to meet their assigned helper each week at a convenient place. The emphasis was on performing behaviors similar to those involved in dating. (3) Professional counseling with an action focus and a different counselor each week. The participants were responsible for making arrangements to meet their assigned helper each week at a convenient place. Any ethical behavior modification techniques were considered appropriate for this treatment. The emphasis was on the performance of behaviors relevant to dating. The three experimental treatments will be described in greater detail later in this chapter.

Four criterion measures were used to test the effect of the various treatments: (1) individual differences in general anxiety as measured by post-test scores on the Willoughby Personality Schedule (1932); (2) individual differences in dating anxiety as measured by scores on the Specific Fear Index; (3) differences in the amount of dating behavior as derived by subtracting the number of dates which each subject had had in the six weeks prior to treatment from the total number of dates he had in the six weeks following treatment (A date was defined as any interaction with the opposite sex in which the subject took initiative in the

arranging for the interaction. It included taking a walk or study or coke dates as well as more formal situations.); (4) client satisfaction as indicated on a rating scale by the participants following treatment.

Based on the discussion and rationale presented in Chapter I, the following research questions were formulated for testing: Do the experimental treatments make a difference on the anxiety criterion measures when adjustment is made for initial differences in the anxiety of the subjects? Are there post-treatment differences on the anxiety criterion measures between those subjects who have had same-sexed helpers and those who have had opposite-sexed helpers when adjustment is made for initial differences in the anxiety of the subjects? Does a combination of a particular treatment and sex of helper make a difference on the anxiety criterion measures when adjustment is made for initial differences in the anxiety of the subjects? Do the subjects in the experimental conditions differ from the wait-control group in the frequency of their dating behavior following treatment? Is there a difference in dating behavior or in client satisfaction between those participants who have female helpers and those who have male helpers? Is there an interaction between sex of helper and the treatment groups?

The hypotheses were stated in the null rather than in the directional form because no body of data suggested reason

to believe that: (1) same or opposite-sexed helpers would be more effective, (2) the experimental treatments would make a difference on the two anxiety criteria when adjustment was made for initial differences in anxiety, (3) the experimental treatments of sex of helper would have an effect on dating frequency or client satisfaction, or (4) a combination of sex of helper and a particular treatment would have an effect on any or all of the outcome criteria.

The hypotheses are stated in the null form. There is no effect for <u>treatment</u> as measured by:

H_1 post-test scores on general anxiety

H_2 post-test scores on specific anxiety

H_3 pre- and post-test differences in frequency of dating behavior

H_4 post-test scores on client satisfaction

There is no effect for <u>sex of helper</u> as measured by:

H_5 post-test scores on general anxiety

H_6 post-test scores on specific anxiety

H_7 pre- and post-test differences in frequency of dating behavior

H_8 post-test scores on client satisfaction

There is no <u>interaction</u> effect of treatment and sex of helper as measured by:

H_9 post-test scores on general anxiety

H_{10} post-test scores on specific anxiety

H_{11} pre- and post-test differences in frequency of dating behavior

H_{12} post-test scores on client satisfaction.

There is no difference between the experimental and control treatments as measured by:

H_{13} post-test scores on general anxiety

H_{14} post-test scores on specific anxiety

H_{15} pre- and post-test differences in frequency of dating behavior.

<u>Description of experimental design</u>

Two design paradigms were formulated in order to test the stated hypotheses.

N=38

	T-1	T-2	T-3		T-1	T-2	T-3	T-4
Fem. Helper								
Male Helper								
	Paradigm A				Paradigm B			

<u>A</u> depicts the between treatments by sex of helper paradigm. It permits testing whether differences in the dependent variable exist (1) between treatment groups, (2) between sex of

helper, and (3) whether an interaction exists between treatment groups and sex of helper. B portrays the treatment versus the control paradigm. It permits one to test whether differences in the dependent variable exist in the treatment groups relative to the control group.

The analyses of the data, then, were performed in terms of each of these paradigms for each criterion variable, except in the case of the client satisfaction criterion, where a comparison between treatments and control was irrelevant.

The design is an extension of the "orthodox control group design" (Campbell and Stanley, 1963, p. 13) with three experimental treatments and a fourth treatment which is a wait-control group. A graphic representation of the design is presented with R indicating random assignment of subjects to treatment group, X representing an experimental intervention and O referring to the observation or measurement processes (Campbell and Stanley, 1963).

$$
\begin{array}{llll}
R & O_1 & X & O_2 \\
R & O_3 & X & O_4 \\
R & O_5 & X & O_6 \\
R & O_7 & & O_8
\end{array}
$$

Schedule of experimental procedures

The various functions of the experiment were completed according to the following schedule during the period

December, 1970 through 1971:

1. Secured the cooperation of the St. Louis University Counseling Center Director to use facilities and sponsor the study for publicity purposes, December.
2. Recruited counselors and peer helpers, December and January.
3. Advertised the study in student papers and on notices, January and February.
4. Began interviews with college men who expressed an interest in the study, January and February.
5. Recorded basic information about volunteers accepted to participate in the study and assigned them a subject number, January, February, and March.
6. Oral and written explanations of treatments and the study were given to professional and peer helpers, January and February.
7. Assigned helpers to rotations for Treatments II and III, February.
8. Made random assignment of subject numbers to treatment and then to a same or opposite-sexed helper, February.
9. One hour instruction and question answering sessions were held with peers, April.
10. Assigned participants to their particular helper; this assignment was random except in a few cases in

which transportation problems made a particular location inconvenient, April.

11. Mailed pre-tests, letter of assignment and explanation, April.
12. Collected pre-test data, April.
13. Ran the experimental treatments, April and May.
14. Mailed post-test forms, May and June.
15. Collected post-test forms, June.
16. Telephoned subjects for three weeks post-study dating frequency check, June.
17. Telephoned subjects for six weeks post-study frequency check and questioning about anything else which they might have done with the goal of helping themselves with their dating problems, July.

Selection of the sample

The volunteers for participation in the research project (which was generally referred to as "the dating program") were located in response to: (1) notices on bulletin boards in classrooms, dormitories and student gathering places (such as Hillel, Newman Clubs, student unions, etc.) at all the college level institutions in the area, (2) advertisements in the student papers at St. Louis and Washington Universities, (3) notices in the men's dormitory mail boxes at Washington University and St. Louis University, (4) a feature article in the St. Louis University "U News," (5) referrals

from other counselors, and (6) the publicity resulting from several hundred questionnaires (see Appendix A) about dating habits and beliefs which were passed out in classes at the University of Missouri St. Louis, St. Louis University, and Harris Teacher's College. A brief explanation of the proposed study was given by the faculty who administered the questionnaires. The notices and advertisements were phrased in terms of a free, Counseling Center sponsored program designed for college men whose communication problems with girls had led to difficulty in dating. Publicity attempted to make clear the fact that the program was open only for non- or seldom-dating college men. The notices and advertisements listed the investigators' home and work telephone numbers. The notices also indicated that the investigator would be glad to see interested students at the Counseling Center two days a week (see Appendix B).

The majority of the men who made contact with the investigator said that they did so in response to the notices which they saw posted. The men who made inquiries about the study had detailed and often sophisticated questions about the treatments and the qualifications of the counselors, the peers, and the investigator. They were concerned with the nature of the study design and with the nature of the assignments to treatments.

The investigator questioned them in order to determine their suitability for the study. The relevant criteria included: male sex, college student status, age under thirty, fear of dating, little or no dating behavior, and understanding the study and the nature of the responsibilities involved in participation. The nature of the assignment to treatment and the definition of a date were clarified with each potential subject. Those men who decided to take part in the study provided the following data: name, address, telephone number, age, institution at which they were enrolled, dating frequency over the past three and eight weeks, year in college and major (if determined).

The first 32 men who met these criteria and indicated that they wished to participate in the "dating study" were given treatment subject numbers in order of report date and randomly assigned to the four treatment groups. Subject numbers 33 through 42 were randomly assigned to treatments before the participants with those numbers had actually signed up for the study. Time commitments made it necessary to begin the study before the last few men had volunteered to participate. The last subject began less than three weeks after the first, however.

The 37 subjects who had signed up expressed continued interest and were mailed contract and data forms, pre-tests, an explanation of their assigned treatment and a stamped

addressed envelope in which to return the completed forms to the investigator.

After this initial assignment, a total of three subjects dropped from the study. Two foreign graduate students dropped out before the experimental treatments began, but after receiving their information in the mail. Each of them informed the investigator that he needed more study time and no longer wished to participate. It was not possible to tell with certainty whether their reasons for dropping out were as they described, treatment related factors (such as fear of dating or reluctance to meet with a professional counselor), or the result of a change in understanding the study following their assignment letters. One of these men had been assigned to a male and one to a female professional in the action treatment. It seemed likely that all of these factors may have influenced these men in their decisions not to participate in the study. Two substitutes were assigned using the random method previously described. The third subject was dropped from the wait-control group when his post-test forms were long delayed and inconsistent with other information given to the investigator. It seemed highly likely that his responses were spurious and his data were eliminated from the analysis and the description of the sample.

The total sample consisted of the 38 men who agreed to participate in the study over an eight-week period, who

completed the necessary forms, and whose responses were not suspect.

Description of the sample

The 38 men who were included as participants represented six educational institutions in the greater St. Louis area and General Motors Institute. Thirteen of the students were from St. Louis University, 11 from Washington University, 7 from the University of Missouri-St. Louis, 3 from Forest Park Community College, 2 from Florissant Valley Community College, 1 from Parks Aeronautical College, and 1 from General Motors Institute who had his work program in St. Louis.

Twenty-seven of the subjects were undergraduates and 11 were graduate students. The sample mean for years of college completed was 2.94 at the time the study began. The subjects ranged in age from 18 to 28. Four of them were students from other countries: two from Colombia, S.A.; one from India, and one from Pakistan. All of the participants were Caucasian. All of them except four had declared their majors. Seven were in the physical sciences or mathematics, 7 in engineering, 6 in the biological sciences or health care (such as pre-medicine), 7 in the social sciences or humanities, 5 were in business, and 1 was a third year law student.

The number of dates which the subjects had experienced during the six weeks immediately prior to treatment were as follows: 24 had none, 11 had one date, 2 had two dates, and

TABLE 2.1

SAMPLE AGE, ANXIETY, AND DATING BEHAVIOR PRIOR TO TREATMENT

		General Anxiety	Specific Anxiety	Specific Anxiety Item 2	Age	No. Dates Prior to Treatment 6-4 Weeks	3-1 Weeks
T_1	X	51.10	19.40	2.50	22.70	.10	.00
	SD	12.64	4.74	1.00	2.62	.31	.00
T_2	X	51.40	21.50	2.60	21.60	.40	.50
	SD	15.82	6.48	1.57	3.00	.51	.97
T_3	X	45.10	18.50	2.10	21.30	.30	.40
	SD	11.56	7.63	1.52	2.90	.48	.60
T_4	X	43.00	21.62	2.50	22.12	.00	.00
	SD	12.66	6.25	1.41	2.23	.00	.00
Total	X	47.87	20.84	2.42	21.92	.26	.21
	SD	12.83	6.26	1.37	2.71	.44	.62

one had had three dates but felt that it was a "fluke." The mean number of dates for the sample in the six weeks preceding the study was 0.47.

These men gave the impression to the interviewer and to those people at the Counseling Center and at the investigator's home who answered their telephone calls that they were extremely frightened and embarrassed. The anxiety level reflected on the Willoughby Personality Schedule (the general anxiety measure used as a criterion in this study) supports this impression. The pre-test sample mean of 47.87 on the Willoughby is close to that referred to by Wolpe (1958) for a large sample of neurotics. The sample mean on the Willoughby for the current study is almost one and one-half standard deviations higher (more anxious) than that of Willoughby's (1934) norm group of college males and slightly higher than that of the sample of non-daters at the University of Indiana (Zerface, 1968).

The specific fear of dating behaviors of the men in this sample as measured on the Specific Fear Index is slightly greater than that of the sample of anxious non-daters at the University of Indiana (Zerface, 1968).

Age, anxiety, and dating behavior of the sample prior to treatment are presented in summary form in Table 2.1.

Description of the counselors

A total of 11 professional counselors participated in the study. They ranged in age from 24 to 40, in professional experience from 2 to 11 years, and in education from post-Masters to Ph.D. The same male and female counselors were used in both professional treatments (action and talking-relationship) in all possible instances, "therefore controlling for their relatively stable personal-social characteristics [Paul, 1966b, p. 18]." The counselors were made aware of the different techniques and the amount of contact which were appropriate for each treatment. The written instructions and explanations of treatment which were given to the professionals are found in Appendices D, H, and M. Each peer and professional also received an abstract of the study proposal and a brief explanation of the design (Appendix M). Each of the professionals had two (or more) interviews with the investigator in which the treatment definitions and written materials were discussed and explained in detail. Prior to the program each of the helpers was also shown a copy of the letters which the subjects received in the treatments in which the helper was participating (Appendices C, E, and G). The explanations and the written instructions which they received were provided in order to insure that they did behave differently in different treatments.

The same five women served as counselors in the professional-talking relationship and the professional-action

treatments. These women were from 24 to 35 years of age, but only one was older than 28. All but one of them were advanced doctoral students in clinical psycho-ogy or counseling at St. Louis University or Washington University. Each of them had completed her practicum experience and worked as a counselor or a psychologist on a professional basis. The woman who was not a doctoral student had completed her Master's degree in developmental psychology, the psychology practicum, and had been employed at the St. Louis University Counseling Center for over two years. All had interviews with the investigator and an explanation of the study and of the treatments. All five women were highly recommended by their professors and their colleagues.

Six men professional counselors were utilized in the study. Four of these served as counselors in both the professional-talking-relationship (T-1) and the professional-action (T-3) treatments. One of these four counselors saw two clients in T-1. A fifth counselor participated only in the professional-action treatment. Due to dissertation deadlines, one of the counselors decided that he could not see his last three subjects in the action treatment, although he did complete his sessions with his participant in the professional-talking relationship treatment. A sixth counselor was then located who had previously expressed interest in participating. The interviewer discussed the study and the definition of T-3 with him in detail and this man substituted

as counselor with the three subjects originally assigned to the counselor who dropped out of this treatment.

The men professionals ranged in age from 25 to 40. Three of the six were under 30. One had his Ph.D. in philosophy of education and counseling from St. Louis University, one earned his Ph.D. in counseling from Boston University while the study was in progress, and the other four were advanced doctoral students in clinical psychology or counseling at St. Louis University or the University of Missouri. All had completed the practicum and all but one of them had had several years of experience as professional counselors in college settings. Five of the six were currently employed as counselors in St. Louis area colleges or universities. They had all been highly recommended by their professors and colleagues as competent professionals.

All of the professional helpers were paid for their work in the study. All of them completed the Therapist Orientation Sheet (Paul, 1966). These data are presented in summary form in Table 2.2. Numbers 1 through 5 represent the female counselors and 6 through 11 represent the male counselors.

The counselors tended to see themselves as active, somewhat directive, and personally involved with their clients. They were generally concerned with the current functioning of their clients. They valued insight (cognitive and

TABLE 2.2

THERAPIST ORIENTATION SHEET

The following pages contain a number of areas in which psychotherapists have been found to differ. Please indicate your position with regard to each area by placing a checkmark on the scale accompanying each area.

For example: 1. Activity-frequency.

If you feel that with most clients you are usually active (talkative), or usually passive, you would place the checkmark as follows:

Active ....| ....| ....| ....| .... Passive, or

Active ....| ....| ....| ....| .... Passive

If you feel you are more often active than passive, or more often passive than active, you would check as follows:

Active ....| ....| ....| ....| .... Passive, or

Active ....| ....| ....| ....| .... Passive

If you feel you are about equally active and passive with most clients, or active with as many clients as passive, you would check the middle space:

Active ....| ....| ....| ....| .... Passive

1. Activity--frequency:

Active (Talkative) ....| | ....| ....| .... Passive (Non-talkative)

2. Activity--type:

Directive | | | ....| | ... Nondirective

3. Activity--structure:

Informal | | | | ... Formal

4. Relationship--tenor:

Personal 1,2,9 | 6,8,12,3 | 11,4,10 | .... | .... Impersonal
(Involved) (Detached)

5. Relationship--structure:

Unstructured .... | 3,4,5,6 | 8,12,10 | 1,9,11 | .... Structured

6. Relationship--atmosphere:

Permissive 7,9 | 6,11,12 | 4,8,10 | .... | .... Nonpermissive

7. Relationship--therapist actions:

Planned .... | 11 .... | 1,5,6,8 | 2,3,4 | 7 .... Spontaneous

8. Relationship--client dynamics:

Nonceptualized .... | 10 .... | 7,8,11 | 1,2,3,4 | .... Conceptualized

9. Goals--source:

Therapist .... | 4,7 .... | 5,9 .... | 1,3,6,8 | 2 .... Client

10. Goals--formalization:

Planned .... | 2,4,6 | 9 .... | 3,5,7 | .... Unplanned
(Formalized) (Unformalized)

11. Therapist Comfort and Security:

Always secure .... | 2,5,6,8 | 1,3,4,7 | .... | .... Never secure
(Comfortable) (Uncomfortable)

12. Client Comfort and Security:

Never secure .... | 11 .... | 1,4,7 | 2,3,6,9 | .... Always secure
(Uncomfortable) (Comfortable)

13. Client Personal Growth:

Not inherent .... | 1,7,10 | 4,8,9 | 3,6,11 | 2,5 Inherent

14. Therapeutic Gains--self-understanding (cognitive insight):

Important 2.5.6 | 3.4.7.10,11 | .... | 1.8. | .... Unimportant

15. Therapeutic Gains--emotional understanding (affective awareness):

Unimportant .... | .... | 8.... | 11... | 1.2.3.4.5,6,7,9,10 Important

16. Therapeutic Gains--"symptom" reduction:

Important 3.4.10.5,6 | 2.4.8.9 | 1.11. | .... | .... Unimportant

17. Therapeutic Gains--social adjustment:

Unimportant .... | 9... | 7.8.. | 4.5.. | 1.2.3.6.10,11 Important

18. Therapeutic Gains--confidence in effecting change:

Confident 2.6.9.11 | 1.4.5. | 3.7.8.10, | .... | .... Unconfident

19. Learning Process in Therapy:

Verbal-conceptual ....| 2.6.8.10 | 1.3.4.5.9,10 | 7... | .... Non-verbal-affective

20. Therapeutically Significant Topics:

Client-centered 1.2.11. | 3.5.6,7,8 | 4.10. | .... | .... Theory-centered

21. Therapeutically Significant Topics:

Historical .... | .... | 3... | 2.4.5.6.8.9,10 | 7.11. Current

22. Therapeutically Significant Topics:

Ego Functions 9.12. | 4.10.5,6,11 | 3.7.10 | 8... | .... Superego, Id

23. Theory of Motivation:

Unconscious .... | 3.... | 5.8.9.10 | 2.4.6.7,11 | 1... Conscious

24. Curative Aspect of Therapist:

Personality ..7.. | 11.12. | 3.4.5.9 | 6.10.1 | .... Training

affective), social adjustment, and symptom reduction as important client gains, but they perceived themselves as letting their clients determine the topics and goals of treatment. The majority of the counselors discussed the goals of treatment with their clients.

Description of the peer helpers

Five male and five female undergraduates were utilized in the peer-action treatment (T-2). Their ages ranged from 18 through 21. The five girls were all from St. Louis University. Four of the men were from St. Louis University and one was attending Washington University. The peer helpers were recommended to the investigator by the Head Residents of the women's dormitories at St. Louis University or by other friends of the investigator as being warm, interested in people, and in being helpful. All of the peer helpers were interviewed by the investigator prior to their acceptance for the study. All of the female helpers could be described as attractive, although none was exceptionally beautiful.

Each peer discussed the study with the investigator in at least two hour-long explanation sessions before beginning his part in the program. Most of the peers attended a group meeting as one of their training sessions. The study and the treatment was described in detail. The investigator attempted to explain and demonstrate the use of role-playing,

assignment of target behaviors and rehearsal questions were asked and answered and possible problems and concerns of the peers were discussed in the training sessions. The written description of Treatment II is included in Appendix F and the introductory information in Appendix M. The peers were paid for their work in the study.

The average age of the male peers was slightly over 19 and that of their participants was 22. The average age of the girl peers was 19 and of their participants slightly over 21. The male peers included one freshman, one sophomore, two juniors and a senior. There were majors in psychology, mathematics, and business. One man had not yet declared his major. Two of the five girl peers were freshmen, one was a sophomore, and two were juniors. The female peers included two nursing students, one political science, and one sociology major, and one girl whose major was undeclared.

Presentation of experimental treatments

Participants in each of the three experimental groups were exposed to treatments differing in terms of combinations of the following variables: (1) sex of helper, (2) status of helper (peer or professional), (3) mode of treatment (an action or a talking-relationship orientation), and (4) consistency of relationship with the helper. All three experimental treatments involved the same arrangements about length,

frequency, and number of interviews and had the same general goal--helping college men with dating problems improve their ability to date.

Subjects who had been randomly assigned to Treatment I saw the same professional counselor for five one-hour sessions over a five-week period. The letters which they received immediately prior to beginning their participation in the study described the program briefly, gave them the name and telephone number of their counselor with instructions about how to make contact with him or her, stressed the importance of sharing their concerns about dating, and encouraged them to feel free to ask questions (see Appendix C).

The counselors who participated in Treatment I were each given a written explanation of the treatment and its limitations (see Appendix D). They also read the letter to the participants in this treatment. The nature of T-I was discussed in an interview with the investigator. These counselors were all regularly handling similar problems in their work settings and were encouraged to interact with the study participants similarly to the way they did with their usual clients with the following exceptions: the maximum number of sessions was to be five, the focus was on the presenting problem (dating trouble), and behavior modification techniques were specifically eliminated from T-I. All of the counselors in this treatment saw their subjects in their

offices at their place of work, although there were offices available for them at St. Louis University Counseling Center. The counselors discussed their participants with the investigator following the study or wrote a written report, but the sessions were not taped.

Subjects who had been randomly assigned to Treatment II saw a different peer helper for an hour each week for a total of five sessions. Each participant saw either all male or all female helpers. The letters which they received immediately prior to beginning their participation in the study described the program and gave the participants the name and telephone number of their helper for the first week with instructions about how to make contact with this person. The letters stressed the importance of sharing concerns and asking questions about dating and of carrying out any assignments which their helper might give to them (see Appendix E).

The peers who participated in Treatment II had a minimum of two hours of explanation and discussion of the arranged interactions with the investigator and a written definition and explanation of the peer-action intervention. The written description attempted to give the peer helpers an idea of the kind of problems and questions which many of the participants had expressed to the investigator and of some of the ways in which the helper could be useful to his participant for the week. It included some possible role playing

situations and assignments, and prohibited dates between the helpers and the participants during the time the study was taking place (see Appendix F). The helpers were encouraged to telephone the investigator at any time if they were concerned about what to do, what their participants were doing, or if they did not hear from their assigned participant for the week. There were many such calls in both of the action treatments. The peers averaged about three to four hours of time in question and answer and explanation sessions before and during the study. Helpers and participants experienced many difficulties in making the necessary arrangements to meet.

The peer helpers were asked to keep brief worksheets of what transpired in the arranged interactions and the circumstances under which they met their students each week. They were told to indicate whether they made any assignments, arranged dates, role-played, listened, discussed, advised, suggested, or rehearsed, and to mention any area of concern that was emphasized. These sheets were turned in to the investigator at the end of the study. They were also instructed to notify the next helper in sequence of any assignments which they made in order to permit follow-up by the next helper. Each helper had a schedule providing the information necessary to contact the other helpers as well as the participants.

The subjects who had been randomly assigned to Treatment III saw a different professional counselor for an hour

each week for a maximum of five sessions. One-half of the participants in T-III saw all female counselors and one-half saw all male counselors. The letters which the participants received just prior to beginning their participation in the experiment described their "program," gave them the name and telephone number of their first counselor, and instructions about how and when to make contact with this counselor. The letter stressed the importance of sharing their concerns about dating, of asking questions which were important to them, and of carrying out any practice assignment which the counselor might make (see Appendix G). At the end of each ensuing week, each participant received the name and telephone number of his counselor for the following week. In most cases they were given both home and office phone numbers because of the difficulty in the first weeks which the subjects had in making plans sufficiently early in the week so that both members in the interaction could arrange their schedules.

The counselors who provided the professional services in Treatment III were given a written explanation and definition of the professional-action intervention as well as an explanation of the study. Each of these counselors also discussed this treatment with the investigator in detail. The written description included a specification of various techniques appropriate to Treatment III and, at the request of several counselors, some possible role playing situations

were included. They were given a schedule of the treatment with the names and telephone numbers of the participants and the counselors (see Appendix H). The counselors were encouraged to telephone the investigator if they were unable to keep to the schedule or if they did not hear from their participant for the week. The counselors were instructed to notify the next counselor in the rotation of any assignments which they made for the purposes of follow-up by the next helper. These counselors were also asked to keep brief work records of what they did with each participant in the way of making assignments, arranging dates, role-playing, rehearsing, listening, discussing, etc. These notes were turned in to the investigator at the end of the study.

Those participants who were randomly assigned to wait-control were informed of this in a letter (see Appendix I). They were told that actual participation would be delayed. Those subjects who were still interested were offered an opportunity to participate in a five-session peer-counseling treatment at the end of the dating behavior follow-up. Seven of the eight men in the wait-control group participated in this treatment.

Criterion measures

Four criterion measures were used in the study: The Willoughby Personality Schedule was used to measure general anxiety; The Specific Fear Index (or Situational Response

Rating Scale) was utilized to measure anxiety about dating; the difference between the number of dates six weeks prior to and six weeks following treatment was used to measure change in dating frequency; and the Client Satisfaction Scale was used to assess the participants' evaluation of their experience in the study.

Multiple criterion measures were utilized in keeping with the current trend toward the use of and the recommendation for "more than one measure of outcome, and preferably several diverse measures, since outcome measures tend to have low intercorrelations" (Fiske, et al., 1970, p. 731; Krumboltz, 1967; Paul, 1966, 1968; Stollak and Guerney, 1966; Truax, 1967; Zax and Klein, 1960).

The criterion measures are similar to those described by Martinson and Zerface (1970) whose study this investigation parallels. The Willoughby Personality Schedule and the Client Satisfaction Scale are two of the four outcome instruments utilized by Martinson and Zerface (1970). The Specific Fear Index includes the original item described by Martinson and Zerface (1970) plus four more situations involved in communicating with and dating girls. The use of a change score to measure dating behavior in this investigation was decided upon because some of the subjects were occasional daters. Martinson and Zerface had only non-dating subjects and their post-treatment follow-up discriminated only between those who

had no dates after treatment and those who dated.

The Willoughby Personality Schedule (1932) (see Appendix J) is an abridgement and a revision of the Thurstone Personality Schedule (1930). The Thurstone was a 223-item measure of neuroticism. Willoughby considered that the number of items made the instrument inconveniently long. Following extensive methodological work, Willoughby chose 25 items characterized by "relatively high incidence, high discriminatory power and high cohesiveness . . . without duplication [p. 419]." The subject responds to each item on a 0 through 4 scale where 0 means "never" and 4 means "almost always." Willoughby (1934) found his abridgement to have a split-half reliability of .91 in a mixed population of 267 college students.

Willoughby (1932) asserted that his instrument measured to some degree what he felt was a "genuine, unitary psychological trait [p. 419]." He characterized this trait, which he referred to as neuroticism, as having "inner fears and anxieties and corresponding inability to establish effective contact with the environment [p. 419]."

Since recent reliability studies of the Willoughby Personality Schedule were not available, it was deemed appropriate to examine the reliability of this instrument as used in the current study. "KR_{20} gives the mean of the split-half coefficients . . . for every possible division of the test

into two parts. . . . Thus, KR_{20} is an internal consistency coefficient which gives the best measure of reliability expressed as the correlation between random parallel tests [Magnusson, 1967, p. 117]."

In view of the above, the reliability coefficients for the current study were estimated following the analysis of variance procedures described by Hoyt (1941), which "give(s) precisely the same result as formula (20) of their paper [Kuder and Richardson, 1937, p. 156]."

The pre-test administration of the Willoughby Personality Schedule to the 38 men who comprised the sample of seldom- and non-dating subjects in this investigation yielded an internal consistency reliability coefficient of .84. Post-test Willoughby data yielded an internal consistency reliability coefficient of .89.

The Willoughby has not been used extensively and there is only limited normative data. Willoughby (1934) found the mean for 119 college males to be "28.9 and the standard deviation 13.7 [p. 93]." The corresponding females had a slightly higher mean.

Wolpe (1958) used the Willoughby with his patients before and following treatment. He did not present anything except a frequency distribution for the 295 patients for whom he stated that he had data. The median score of this sample, prior to treatment, was approximately 45 (p. 109). Wolpe

also presented pre- and post-treatment scores of patients whom he considered either "apparently cured" or "much improved." The pre-treatment mean was 46.5 and the post-treatment mean was 19.9 for these 34 patients.

Martinson and Zerface (1970) had 24 subjects in their study. The total sample had a pre-test mean score of 43.2. The arranged interaction group (eight men) had a pre-test mean of 39.4 and a post-test mean of 33.5. The psychological counseling group had a mean score of 48.4 prior to treatment and of 33.6 following the treatment. Pre- and post-experimental means for the control group were 42 and 40.3 respectively (Zerface, 1968).

The Willoughby was chosen rather than a more widely used measure of anxiety because it served as a criterion instrument in the Martinson and Zerface study of which this is a partial replication. Their reasons for using it are applicable to this study as well as their own. The inner fears and anxieties and corresponding difficulty with the environment which the Willoughby purports to measure are the kind of internal behaviors which one would expect of young men characterized by fear of dating. The items on the schedule provide a series of external social behaviors to which the respondents react which are particularly appropriate for a study of this nature. These advantages compensated for the disadvantages involved in the use of an instrument with limited normative data.

The Specific Fear Index is an enlargement of that described by Martinson and Zerface (1970). Each subject rated his response to a hypothetical dating situation on a nine-point scale ranging from 1 (extremely uneasy) to 9 (feel fine . . .). The present instrument utilizes five such situations. Item 2 of the index used in the present study is the situation used by Zerface (1968, p. 128). The participants were instructed, on the dittoed test sheet, to close their eyes and then to visualize each hypothetical dating situation. They were then to circle the number from 1 through 9 which most accurately described their feelings in relation to that situation. The situations ranged from standing at the snack bar wanting to start a conversation with a girl who is in one of the subject's classes to standing in line with a date waiting to get into a movie (see Appendix K).

R. D. Walk (1956) reports two studies which support the use of this type of self-rating scale. Walk was concerned with airborne trainees who had to leap from a high mock tower as a part of their training. One group of these trainees indicated the amount of fear they felt just prior to jumping from the tower on a thermometer-like figure divided into ten equal parts. As training progressed, the fear levels fell markedly. Walk also found "a fairly close inverse relationship between a self-rating of fear and adequacy of performance in a fearful situation [p. 173]." Study II, described

by Walk, showed a high degree of relationship between direct, personal questioning on this specific fear, the paper-and-pencil self-ratings and physiological fear reactions. These data lend support to construct validity for the fear self-rating.

Lang and Lazovik (1963) also used a ten-point self-rating "fear thermometer" to measure the fear reactions of snake phobics upon touching a snake following an experimental systematic desensitization treatment. They found the "fear thermometer" scores to be stable over time when the subjects did not undergo treatment and to change in the expected direction following treatment.

Zerface (1968) inferred the reliability of the Situational Response Rating Scale (which was his adaptation of the Fear Thermometer) partially from the existence of "statistically significant main effects for treatments and from the stability of control subjects' ratings over the two administrations of the instrument [p. 57]."

The data from the pre-test administration of the Specific Fear Index to the 38 participants in the dating study yielded an internal consistency reliability coefficient of .79. The post-test data yielded a reliability coefficient of .89. These coefficients were estimated according to Hoyt's (1941, pp. 157-60) procedure, as were those from the Willoughby data.

Admitted fear of dating was a criterion for inclusion in the study. The Situational Response Rating Scale was developed in order to attempt to assess that fear prior to treatment and any changes in it following the experimental interventions.

The participants in this study all indicated that increased dating behavior was a valued outcome which they hoped to achieve through taking part in the program. The third outcome criterion, frequency of dating behavior, provides a quantitative evaluation of how closely they approximated their goal. For the purposes of this study a date was defined as any interaction with the opposite sex which the subject took the initiative in arranging. Thus, a date could be walking a girl back to the dormitory after class, a study or coke date, or a more formal movie or dinner date. It did not include group "dates," however.

The measures of dating frequency were obtained by subtracting the number of dates which each subject had in the six weeks prior to treatment from the total number of dates the subject had in the six weeks following his completion of the study. In the case of those participants who dropped out before their five sessions were completed, the follow-up period began the week which followed the end of the study for the great majority of the subjects and ended six weeks following that date. The wait-control group post-experimental

dating check took place at the same time (12 weeks following the week in which 27 of the 30 participants began the experimental treatments).

The use of a "socially valued, external, objective measure(s) [Whitely, 1967, p. 255]" such as dating frequency as an outcome criterion variable was consistent with the pleas and prescriptions of numerous writers over the past ten years (Carkhuff, 1969; Krumboltz, 1967; Paul, 1966; Stollak and Guerney, 1966; Truax, 1967; Zax and Klein, 1960). Its use also permits some comparison with the results discussed by Martinson and Zerface (1970). They, however, dealt only with non-dating subjects and used a different method of analysis.

Client satisfaction, the fourth outcome criterion, was measured on a 9-point scale, where 1 indicated "very worthwhile" and 9 indicated "total waste of time" (see Appendix N). The participants were encouraged to share any comments about the study on these rating sheets.

The 9-point scale was used for the purpose of permitting direct comparison of the results with those found by Martinson and Zerface (1970). The rationale for employing such a measure is similar to that presented by Zerface (1968, p. 57). Although "fraught with serious pitfalls [Zax and Klein, 1960, p. 4]" as an outcome criterion, self-reports by clients of their reactions to treatment are surely relevant

outcome data. Counseling and psychotherapy are service professions and, as such, practitioners should be cognizant of the opinions of those whom they serve as to the value of the service. The "real question of outcome is whether or not the clients have received help with the distressing behaviors which brought them to treatment in the first place." In spite of their real and lamentable biases, the clients' verbal expressions of what a treatment has been worth to them cannot be ignored.

Collection of outcome data

Pre-test data collection took place in the week prior to treatment for all 38 subjects. Forms were mailed to each subject with a stamped envelope addressed to the investigator. These included the Willoughby Personality Schedule, the Specific Fear Index and a brief form for demographic data upon which the subject also indicated his commitment to participate and to complete the pre- and post-testing which was part of the study. Also, he was asked to report the number of dates he had had in the previous three and six weeks.

All but eight of the subjects returned their forms very promptly. The investigator telephoned each of the subjects whose completed forms had not been returned within a week. Four of these men were in the control group, three had one to the female professional action treatment. Two of these eight were dropped from the study at this time as

discussed above. The pre-test data from the remaining six subjects were returned within a week following the telephone call.

Three post-test forms were mailed to the subjects as soon as they had had their fifth session, or at the end of five weeks from their first session in the case of those men who dropped out of the study without completing the program. The forms were mailed with a stamped and addressed envelope and a brief note thanking each participant for his cooperation and asking for any additional comments (see Appendix L). The forms included the Willoughby Personality Schedule, the Specific Fear Index, and the Client Satisfaction Scale. Seven of the 38 subjects were telephoned after two weeks to remind them about completing the post-tests. The investigator repeated calls to six of these men before receiving their completed data. Three of the six had dropped out of the study before completing five sessions. All data, however, were returned to the investigator within three weeks.

The first post-experiment dating check was made by the investigator by telephone three weeks following each subject's termination from the study, or eight weeks after the study began in the case of the early terminators and wait-control subjects. The number of dates which each subject had during this three-week period was recorded. The six-week follow-up was made in the same manner three weeks later. The

definition of a date and some examples of dating behavior were discussed again with the participants at the time of these follow-up interviews.

Description of outcome data analysis procedures

Two different analyses were made on the data from the two anxiety criteria, two on the data on dating frequency change and one on client satisfaction.

The data obtained from the anxiety and dating frequency criterion measures were analyzed in terms of two design paradigms. Paradigm A allowed for testing of differences between the treatment groups, between sex of helper and for interaction between sex of helper and treatment groups. Paradigm B permitted inspection of the treatment groups relative to the control group.

A multivariate analysis of covariance (MANCOVA) using the pre-treatment anxiety measures as covariables generated the test statistics for the analysis of the anxiety measures according to paradigm A. MANCOVA with the same two covariables was also used to test for differences between treatments and control (paradigm B). High correlations between the two covariables and the dependent variables give strong support for the use of analysis of covariance with these data.

A two-way analysis of variance was employed to determine whether differences in dating frequency existed between

treatment groups, between sex of helper and whether an interaction existed between treatment groups and sex of helper. A univariate analysis of gain scores was used to test for differences in dating frequency between experimental subjects and those in the wait-control group.

Paradigm A allowed the analysis of the responses from the rating scale for client satisfaction to be examined for differences existing by sex of helper, by treatment or by an interaction of sex and treatment. A two-way analysis of variance was employed to generate the test statistic.

The methods of analysis utilized in this study differ from those used in the Martinson and Zerface study. Martinson and Zerface (1970) employed one-way analysis of variance techniques to analyze their data from the Willoughby Personality Schedule, the Specific Fear Index, the Client Satisfaction measures, and Fisher's Exact Probability Test to test differences in the number of control and treatment subjects who were dating following treatment.

The .05 level of probability of a Type I error was established as the minimum criteria for accepting differences as significant in all cases in the current study. In the cases where the overall results were significant, step-down F statistics were employed to determine which groups differed on what criterion measures.

The results of the analyses of the outcome data are presented in Chapter III.

Summary

Two design paradigms were formulated for this investigation of three short-term treatment interventions with seldom-dating college men who were fearful of dating, but who expressed motivation to do so. The study was concerned with possible differences in effectiveness between male and female helpers, talking-relationship versus action approaches using professional counselors, peers versus professional helpers in the action approaches, experimental treatments versus a wait-control group.

The selection of the helpers and the volunteer sample, the pre-testing, experimental interventions and the post-testing took place between December 1970 and July 1971 in the St. Louis, Missouri, area. Eleven paid professionals (six men and five women) served as the counselors in the program. Five male and five female undergraduates were utilized as paid helpers in the peer-action treatment.

Pre- and post-testing took place on the dependent variables utilized in the study. Multivariate analysis of covariance and analysis of variance techniques were employed to test for differences on the criterion variables according to design paradigms A and B. A significance level of .05 was established for all analyses used in the study.

CHAPTER III

RESULTS

Analysis of outcome data

This chapter presents the results of the outcome data analyses. Four outcome criteria were utilized in the study: a general anxiety measure, a specific dating anxiety measure, a dating frequency change score, and a client satisfaction measure. Two design paradigms permitted: (A) testing for main effects, treatments and interaction; and (B) testing for differences between the experimental treatments and the wait-control group. The test statistics for each of these criteria using paradigms A and B were generated by the use of multivariate analysis of covariance and analysis of variance techniques.

The data collected consisted of pre- and post-experiment scores from the Willoughby Personality Schedule (the general anxiety measure) and The Specific Fear Index (a measure of anxiety in dating situations), the post-test scores on the Client Satisfaction Scale (a rating by the subject of his reaction to his participation) and the differences between the number of dates in the six weeks prior to and following the study.

Two different multivariate analyses of covariance (MANCOVA) using the pre-treatment anxiety measures as covariables were made on the data from the two anxiety dependent variables. One analysis (design paradigm A) permitted testing for main effects, treatment and their interaction. The analysis according to paradigm B tested for differences on the anxiety measures between treatments and control. The correlations between the covariables and the dependent variables were high (.76 for general anxiety and .79 for specific anxiety). These correlations indicate the appropriateness of an analysis of covariance. Over one-half (57 percent) of the variance in post-treatment general anxiety (G-APS) was explained jointly by the pre-treatment measures of general and specific anxiety (G-APR and S-APR). A slightly greater percentage (63) of the variance in post-treatment specific anxiety (S-APS) was explained by the pre-treatment measures of general and specific anxiety (G-APR and S-APR). The multiple correlations in predicting post-treatment anxiety from the pre-treatment scores are presented in Table 3.1.

TABLE 3.1

MULTIPLE CORRELATIONS PREDICTING POST-TREATMENT FROM PRE-TREATMENT ANXIETIES

	R^2	R	p
G-APS	.575	.759	<.001
S-APS	.628	.793	<.001

A two-way analysis of variance was employed to test for the effects of treatment, sex of helper or their interaction on dating frequency. A univariate analysis of gain scores was utilized on the dating frequency data to test for differences between the experimental treatments and control. A two-way analysis of variance was employed to generate the test statistic for the data from the Client Satisfaction Scale.

General findings

Summaries of the analyses of general and specific dating anxiety, dating frequency, and client satisfaction are reported in Tables 3.2 through 3.6. On the basis of these analyses, it was concluded that only the general anxiety measure showed a difference across groups which was significant at the previously agreed upon .05 level.

The overall multivariate F test statistic for the MANCOVA analysis according to design paradigm B, as reported in Table 3.2, was equal to 2.316. This was significant at the .05 level. It was concluded that the four experimental conditions were not the same with respect to general anxiety when adjustment was made for initial differences in the anxiety of the subjects.

Step-down F statistics (Bock and Haggard, 1968) were utilized to determine which treatment groups differed and on

which variables the differences existed. The step-down F from the general anxiety measure ($F = 3.483$, $p < .03$) was the only statistic of this analysis which was significant at the .05 level. The comparisons made across groups, then, were only on this anxiety measure. The estimated differences between the experimental treatments and the controls on general anxiety are reported in Table 3.11. The negative sign results from the fact that the control group had a higher post-test score (indicating more anxiety) on this measure than did any of the experimental treatment groups. The only difference which was statistically significant was between Treatment III (the professional action treatment) and the wait-control group. Treatment III showed significantly lower anxiety than was evidenced by the control subjects.

The results from the MANCOVA analysis according to design paradigm A are presented in Table 3.3. Inspection of the table revealed no significant differences for sex of helper, treatment nor the interaction of treatment and sex of helper on the anxiety criteria. The F test statistics for the sex factor ($F = 3.078$, $p < .07$), for the treatment effect ($F = 1.452$, $p < .3$), and for the interaction of sex and treatment ($F = .468$, $p < .8$) were not significant at the previously agreed upon decision rule of .05.

The two-way analysis of post-treatment dating gains did not result in any significant differences on the dimensions

of sex of helper, treatments or the interaction of treatment and sex of helper. The F test statistics for sex ($F = 1.122$, $p < .3$) for treatment ($F = .537$, $p < .6$), and for interaction ($F = 1.305$, $p < .3$) were not significant at the agreed upon level of confidence. These data are presented in Table 3.4.

A univariate analysis of gain scores was performed upon the dating frequency data to permit the comparison of the experimental groups with the wait-control group (paradigm B). The test statistic ($F = .293$, $p < .9$) did not approach significance. The four treatment conditions did not differ in dating frequency gains. These results are presented in Table 3.5.

A measure of client satisfaction was obtained by having the subjects complete a nine-point rating scale. The responses from this scale were analyzed according to paradigm A using a two-way analysis of variance. The results from this analysis are presented in Table 3.6. The F test statistics for the sex effect ($F = .757$, $p < .4$), for the treatment effect ($F = 1.579$, $p < .3$), and for interaction ($F = 1.374$, $p < .3$) were not significant.

Inspection of the data revealed several trends. All groups increased their dating frequency although the differences did not approach significance. Data on post-treatment dating gains by treatment and sex of helper are presented in Table 3.7. The female helper professional action condition

TABLE 3.2

MANCOVA, UNIVARIATE AND STEP-DOWN F STATISTICS FOR THE SIMULTANEOUS TESTING OF THE FOUR EXPERIMENTAL CONDITIONS ON THE ANXIETY MEASURES

Multivariate F = 2.316 df = 6,62 p < .044

Variable	Between MS	Univariate F	p	Step-down F	p
G-APS	268.489	3.483	.0271	3.483	.0271
S-APS	82,070	2.835	.0537	1.339	.2795
df = 3,32					

TABLE 3.3

MANCOVA, UNIVARIATE AND STEP-DOWN F STATISTICS FOR THE SIMULTANEOUS TESTING OF SEX, TREATMENT, AND SEX BY TREATMENT INTERACTION EFFECTS ON THE ANXIETY MEASURES

Effect	Multivariate F	df	p
Sex	3.078	2,21	<.067
Treatment	1.452	4,42	<.234
Interaction	.468	4,42	<.759

TABLE 3.4

ANOVA OF POST-TREATMENT DATING GAINS

Source	df	MS	F	p
Sex	1	14.700	1.122	<.300
Treatment	2	7.033	.537	<.591
Interaction	2	17.100	1.305	<.290
Within	24	13.100		

TABLE 3.5

ANOVA OF POST-TREATMENT DATING GAINS FOR THE FOUR EXPERIMENTAL CONDITIONS

Source	df	MS	F	P
Between conditions	3	5.012	.293	<.830
Within conditions	34	17.093		

TABLE 3.6

ANOVA OF POST-TREATMENT CLIENT SATISFACTION

Source	df	MS	F	p
Sex	1	2.700	.757	<.393
Treatment	2	5.633	1.579	<.227
Interaction	2	4.900	1.374	<.272
Within	24	3.567		

TABLE 3.7

CELL MEANS OF POST-TREATMENT DATING GAINS REPORTED BY SEX OF HELPER AND TREATMENT CONDITIONS

Sex of Helper	T_1	T_2	T_3	T_4
Female	1.600	1.800	5.400	2.625
Male	2.000	1.600	1.000	

resulted in the largest dating gain and the wait-control group evidenced the second greatest gain.

Data on client satisfaction are presented in Table 3.8 by sex of helper and treatment condition. Low numbers indicate high satisfaction and high numbers low satisfaction. The rating scale ranged from 1 through 9. Examination of the data revealed that the female professional treatment groups reported the greatest satisfaction with the program and the subjects who saw the female peers reported the least satisfaction, although the differences were not statistically significant. Treatment I subjects reported considerably more satisfaction than did the subjects in Treatment III who were, in turn, more satisfied than those in Treatment II.

TABLE 3.8

CELL MEANS OF POST-TREATMENT CLIENT SATISFACTION REPORTED BY SEX OF HELPER AND TREATMENT CONDITION

Sex of Helper	T_1	T_2	T_3
Female	2.200	4.400	2.200
Male	2.800	3.600	4.200

The results of the MANCOVA analysis presented in Table 3.2 indicate that the difference across groups on the

specific anxiety measure approached statistical significance (univariate $F = 2.835$, $p < .06$). This difference was in the direction of reduction of specific dating anxiety in the experimental groups compared to the wait-control group. The difference which most closely approached statistical significance on this measure was between Treatment III (the professional action treatment) and the wait-control group.

TABLE 3.9

PRE- AND POST-TREATMENT CELL MEANS FOR GENERAL AND SPECIFIC ANXIETY REPORTED BY TREATMENT AND SEX OF HELPER

Treatment and Sex of Helper	General Anxiety		Specific Anxiety	
	Pre-test	Post-test	Pre-test	Post-test
T_1-F	55.6	50.4	17.4	22.8
T_2-F	46.2	49.2	21.8	29.6
T_3-F	46.6	38.0	17.4	27.0
T_1-M	50.6	40.2	21.4	28.4
T_2-M	52.8	45.0	21.2	25.6
T_3-M	43.6	31.0	19.6	29.0
T_4	43.0	44.9	21.6	23.7

The analysis of data reported in Table 3.3 indicated that the probability of the effect for sex of helper which was found ($F = 3.078$) occurring by chance is less than 7 in 100 ($p < .07$). Inspection of the data revealed that these

differences occurred on the general anxiety measure. Those subjects who saw male helpers improved more on general anxiety than those who had female helpers although the difference was not statistically significant. These data are presented in Table 3.10. The negative sign indicates that this group (T-2) evidenced higher general anxiety following treatment.

TABLE 3.10

GENERAL ANXIETY CHANGE BY SEX OF HELPER AND TREATMENT

Helper	Treatment	Change Following Treatment
Female	T-1	5.2
Female	T-2	-3.0
Female	T-3	8.0
Male	T-1	10.4
Male	T-2	7.8
Male	T-3	12.6

Only one of the differences discussed in this section is significant at the chosen level of .05. That difference was between the experimental subjects and the wait-controls on the dependent variable measuring general anxiety. There were no statistically significant differences on any of the criterion measures between those subjects who had same-sexed helpers and those who had opposite-sexed helpers. There was

no combination of sex of helper and treatment which made a difference on any of the four dependent variables. The data analyses all support the hypotheses of no difference except in the case of H_1 where the null hypothesis was not supported. The data reported in Table 3.2 indicated that there was an effect for treatment as measured by post-test scores on general anxiety.

TABLE 3.11

ADJUSTED ESTIMATES OF TREATMENT--CONTROL GROUP DIFFERENCES IN GENERAL ANXIETY

Difference	Adjusted Estimate	Standard Error
T_1-C	-7.400	4.333
T_2-C	-2.569	4.249
T_3-C	-12.495	4.231

Supplemental findings

The supplemental findings which are reported in this section include: (1) separate analyses of the results from Item 2 of the Specific Fear Index according to paradigms A (between treatment groups by sex of helper) and B (treatment groups relative to the wait-control group), (2) analysis of the participants' behaviors which were not part of treatment but which were directed toward their goals of increasing dating behavior, (3) analysis of the techniques utilized in

the peer and professional action treatments, and (4) the presentation according to treatment and sex of helper of the data on number of sessions, dropouts, referrals for further treatment and on changes in the goals by the participants.

Item 2 as a measure of specific anxiety was included for separate analysis in order to facilitate comparison of the results of this study with those of the Martinson and Zerface study with non-daters. Item 2 of the five-item Specific Fear Index used in the present study was the single item utilized in the earlier investigation as a measure of specific dating anxiety.

A pre- and post-treatment difference on this item was obtained and analyzed using an analysis of variance. The results of the analysis for paradigm A (sex of helper, treatment groups, and interaction) are presented in Table 3.12. The F test statistics were not significant. The conclusion drawn was that no difference in item 2 gains existed when treatment group assignment, sex of helper, and interaction were considered.

The item 2 data from paradigm B (experimental treatments versus control) are presented in Table 3.13. The F test statistic ($F = .249$, $p < .9$) was not significant. The hypothesis of no difference between treatment conditions was supported for the item 2 data.

TABLE 3.12

ANOVA OF POST-TREATMENT GAINS ON ITEM 2 FOR SEX OF HELPER AND TREATMENT CONDITIONS

Source	df	MS	F	p
Sex	1	.000	.000	<1.000
Treatment	2	.933	.272	< .764
Interaction	2	3.600	1.049	< .366
Within	24	3.433		

TABLE 3.13

ANOVA OF POST-TREATMENT GAINS ON ITEM 2 FOR EXPERIMENTAL CONDITIONS

Source	df	MS	F	p
Between conditions	3	.868	.249	<.862
Within conditions	34	3.485		

Data on non-treatment related behaviors of the subjects which were directed toward the goal of increased dating behavior were analyzed using the Fisher Exact Probability Test (Siegel, 1956). The data on these behaviors in the wait-control group and in the experimental groups are presented in Table 3.14. The number of subjects who performed behaviors not directly related to treatment, nor suggested

or assigned by a helper in the program, but which were aimed at increasing dating behavior are listed in the plus column. These behaviors included joining a fraternity, entering a test anxiety program, having tranquilizers prescribed by a physician, dieting, entering psychotherapy, new hairstyling, new clothes, etc. Some subjects did several such things, but the subjects are listed only once. The subjects who did not manifest any such behaviors are listed in the minus column. The table, then, does not present the incidence of extra-treatment, goal-directed behaviors, but the numbers of individuals who manifested such behaviors.

TABLE 3.14

EXTRA-TREATMENT BEHAVIORS DIRECTED TOWARD DATING GOALS

	+	-	Total
Group I Experimental treatments	10	20	30
Group II Wait-control treatments	6	2	8
Total	16	22	38

The probability of such a distribution of frequencies, or of either of the two possible more extreme distributions occurring by chance is .04. The investigator concluded that

the experimental and wait-control groups differed in the frequency of extra-treatment behavior directed toward their goal of increased frequency of dating. In the wait-control group, 75 percent of the men exhibited such behavior, while only 33 percent of the experimental subjects made extra-treatment efforts to help themselves with their dating problems. The investigator concluded that the members of the wait-control group were significantly more active in self-help efforts to alleviate their dating problems than were the members of the experimental treatment groups.

The peers and professionals in the two action treatments (Treatments II and III) recorded their use of various behavioral techniques and of talking and listening with each of their participants. They indicated only whether or not a given technique was utilized in each of their sessions, not the amount of time invested nor the number of times they used a technique in a given session. The data were analyzed by means of the X^2 test for k independent samples (Siegel, 1956). The data about the techniques and behaviors utilized by the peers and professionals in the action treatments are presented in Table 3.15. The test statistic (X^2 = 37.84, df = 12) was significant at the .001 level. There was a difference between the peers and professionals in the frequency with which they used the techniques enumerated.

TABLE 3.15

HELPER BEHAVIORS IN THE ACTION TREATMENTS

Action Treatment	Talk Listen	Suggest Advise	Rehearse Role Play	Assign Target Behaviors	Other	Total
T-2 Peer						
Female	20	11	1	2	3	37
Male	18	10	5	2	0	35
T-3 Professional						
Female	21	7	16	19	6	69
Male	14	6	3	13	5	41
Total	73	34	25	36	14	182

$X^2 = 37.84$, df = 12, p = .001

Inspection of the data revealed that talking and listening (as one would expect) were noted by the helpers in almost all interviews and almost equally by both peers and professionals. The other techniques recorded were: (1) advice-suggestion, (2) rehearsal and role-playing, (3) assignment of target behaviors, and (4) other (this included teaching of relaxation techniques, TV feedback, etc.). The peers used suggestion and advice more than any other technique except for talking and listening. Slightly over two-thirds of the suggesting and advising was done by the peers. The professionals, on the other hand, accounted for 88 percent of the assignment of target behaviors, 76 percent of the rehearsal and role-playing, and 78 percent of the other behavioral techniques utilized in the two action treatments.

Data concerning the dropouts from the program, the mean number of sessions, the number of referrals and the number of subjects who changed their goals during the program are presented in Table 3.16.

A "dropout" was defined as a student who did not participate in more than one session, but ended his participation in the program after the first session. There were four dropouts in the experimental groups. Three of them were in the male helper conditions of treatments I, II, and III and the fourth dropped from the female helper condition of the

peer-action treatment (II).

The mean number of sessions in the experimental treatments was 4.13. The professional verbal-relationship treatment had a higher average number of sessions (4.5) than either the professional or peer action treatments (4.0 and 3.9).

The "referrals" were suggestions that the subject consider further treatment. These were made by the subjects' helpers, the investigator, the subjects themselves, a combination of investigator and helper or by a mutual agreement between helper and subject. It was not always possible to differentiate between mutual decisions that continuation was advisable and subject or helper decisions. Of the six men who were continuing treatment at the end of the follow-up period, three were self and/or mutually referred from treatments II and III and three were helper or mutually referred from treatment I (female professional helpers). One-half of the men in the experimental conditions either referred themselves or were referred for further treatment. The data on how many of these followed through on these referrals were incomplete. At least 40 percent of those referred did continue treatment or enter therapy elsewhere. Those subjects who saw female helpers were most often referred. The greatest number of referrals came from treatment I which involved a continuous relationship for a five-week period.

Three categories of changes in goals were considered: (1) less difficult goals, (2) additional goals, and (3) no change in goals. Less difficult goals were selected when the original goal of increasing dating behavior appeared too difficult. The participant then attempted to work toward sub-goals where success was perceived as more likely. This was usually a mutual decision with his helper, but the goal change was indicated by the S to the investigator in each case. Most often this involved attempting to interact with men first if girls were too threatening or attempting less complex behaviors than dating with girls (such as talking to them). The category "additional goals" included those cases where the participant met his original goal of dating behavior if he were a non-dater and expanded his goals to include a broader range of dating behavior or different ways of relating to himself or others. The category of "no change" included all instances where the participants indicated that they had not changed their original goals or those instances where they failed to indicate any change.

Four subjects (all in professional treatments) achieved their initial goal of dating and then enlarged their goals or added new goals. A sizeable minority (33 percent of the subjects) elected to work toward sub-goals which were perceived as less difficult than the original goal. There did not appear to be a relationship between treatment and goal change.

TABLE 3.16

EXPERIMENTAL TREATMENTS: SESSIONS, DROPOUTS, GOALS, AND REFERRALS

Treatment	$\bar{X}$ Sessions	Dropouts	Changes in Goals			Referral	
			Less Difficult	Additional	No Change	Yes	No
T-1							
Female	5	0	2	1	2	5	0
Male	4	1	1	0	4	2	3
T-2							
Female	4.2	1	2	0	3	3	2
Male	3.6	1	2	0	3	2	3
T-3							
Female	4.6	0	2	2	1	2	3
Male	3.4	1	1	1	3	1	4
Total	$\bar{X}$ = 4.13	4	10	4	16	15	15

Summary

Only one of the analyses in the general findings yielded results which were significant at the previously decided upon .05 level of significance. The multivariate analysis of covariance performed on the two anxiety measures according to design paradigm B (which permitted comparison of the experimental treatments with control) indicated that the four experimental conditions were not the same with respect to general anxiety. Treatment III (the professional-action treatment) showed significantly lower general anxiety following treatment than the control group.

No significant differences at the .05 level were found in the MANCOVA analysis of the data from the specific anxiety criterion measure or in the MANCOVA analysis of the general anxiety data according to experimental treatment, sex of the helper or their interaction. No statistically significant differences resulted from the analyses of the other two outcome criteria according to either design paradigms A or B. It was concluded that all null hypotheses were supported except in the case of H_1. There was an effect for treatment as measured by post-test scores on general anxiety. There were no effects for treatment as measured by post-test scores on specific anxiety, pre- and post-test differences in frequency of dating behavior or post-test scores on client satisfaction. There were no effects for sex of helper as

measured by any of the four outcome criteria. There was no interaction effect as measured by general anxiety, specific anxiety, dating frequency or client satisfaction.

Supplementary findings indicate that the test statistic resulting from the separate analyses of the Specific Fear Index item 2 was not significant at the .05 level. Data on extra-treatment behaviors of the participants directed toward increased dating behavior were analyzed by the use of the Fisher Exact Probability Test. The conclusion was that experimental and control subjects did differ in the frequency of such behaviors. The subjects in the wait-control group evidenced a greater frequency of extra-treatment behaviors than those men in the experimental treatments. The probability of such results occurring by chance was .04.

Data on the use of various techniques and modalities in the two action treatments were analyzed according to X^2 for k independent samples. Listening and talking were used about equally; the peers and professionals differed in the frequency with which they utilized the other techniques enumerated. The peers relied chiefly on suggestion and advice and the professionals upon assignment, rehearsal, and role playing. The test statistic was significant beyond the .001 level. Data on number of sessions, referrals, dropouts, and goal changes according to treatment were also presented as supplementary data in Chapter III.

CHAPTER IV

SUMMARY, DISCUSSION, AND IMPLICATIONS

Summary

The purpose of this investigation was to assess the effectiveness of three different short-term (five-week) treatment interventions and a wait-control condition with college men characterized by little or no dating behavior and fears about dating. Specifically, the study compared the effects of a traditional verbal relationship-oriented treatment with a professional counselor, an action-oriented treatment with a different peer helper each week, an action-oriented treatment with a different professional counselor each week and a wait-control condition.

One-half of the men in each of the experimental treatments were assigned to female helpers and one-half to male helpers. This permitted the investigation of the relative effectiveness of sex of helper and the possible interaction of sex of helper with experimental treatment.

All three experimental treatments were equal as to frequency, length, maximum number of interviews, and the original goal expressed by the participants (increased dating behavior). Variables which differentiated between treatments included the status and consistency of helper and mode of

treatment. This study, then, provided evidence concerning the relative effectiveness of the following with college males whose fear of dating was limiting their dating behavior: (1) lay versus professional interventions when both kinds of helpers used an action approach in which any kind of behavior modification technique was appropriate; (2) action versus talking-relationship interventions when both were used by professional counselors as the helpers; and (3) male and female helpers of both professional and lay status.

The design consisted of two paradigms. Paradigm A consisted of the three experimental treatments and sex of helper as completely crossed independent variables. It permitted testing for differences between treatment groups, sex of helper or for their interaction on the dependent variables. Paradigm B permitted testing for differences on the outcome variables between the experimental treatments and the wait-control group.

The literature relevant to the issues of lay versus professional helpers, action versus talking-relationship interventions and the dating phenomenon, while considerable, is far from conclusive. For this reason, all hypotheses were phrased in the null form.

The study was conducted in the St. Louis, Missouri, metropolitan area between December, 1970 and July, 1971. Thirty-eight college men under 30 who did not date (or who

dated only rarely), who were motivated to date and who volunteered to participate in a program designed to increase dating behavior comprised the sample. Five subjects were randomly assigned to male helpers and five to female helpers in each of the three experimental treatments. The other eight subjects were randomly assigned to the wait-control group. Six male and five female professionals from the St. Louis area served as the counselors in Treatments I and III (the professional talking-relationship and the professional action treatments).

Five male and five female undergraduates served as the peer helpers in Treatment II (the peer action treatment).

Multiple criteria were utilized in the study to assess the results of the treatments. The Willoughby Personality Schedule was used as a measure of general anxiety, the Specific Fear Index as a measure of dating anxiety, the Client Satisfaction Scale to assess the participants' rating of their experience in the study, and the change in dating frequency six weeks prior to and six weeks following the study to measure change in dating behavior.

A multivariate analysis of covariance using the pre-treatment anxiety measures as covariables was performed on the post-test scores from the two anxiety measures in order to test for differences between treatment group, sex of helper or their interaction. MANCOVA with the same covariate was

also performed to test for differences between the experimental treatments and controls on general and specific anxiety as reflected in the post-test scores. The results of the analyses indicated that the four experimental conditions were not the same with respect to general anxiety following treatment. The results were significant at the .05 level of confidence.

Further analysis was then made to determine which experimental treatment(s) produced significantly lower general anxiety following treatment than the wait-control group. Treatment III (the professional action condition) produced lower general anxiety ($p < .05$), but the other two treatments were not significantly different from the wait-control group.

The MANCOVA analysis according to paradigm A revealed no significant differences according to experimental treatment, sex of helper, or their interaction on either the general or specific anxiety measures. There were no significant differences among the four experimental conditions on the specific anxiety criterion revealed in the multivariate analysis according to design paradigm B.

A two-way analysis of variance was employed to test for the effects of treatment, sex of helper, or their interaction on the dating frequency of the participants. A univariate analysis of gain scores was utilized on the dating frequency data to test for differences among the experimental

conditions. The F test statistics from these two analyses were not significant at the .05 level.

A two-way analysis of variance was employed to generate the test statistics for the data from the Client Satisfaction Scale. There were no significant differences for treatments, sex of helper or their interaction.

The analyses of the data support the hypotheses of no difference except in the case of H_1. There was a significant difference among the four treatment conditions on the general anxiety measure when adjustment was made for the initial differences in the anxiety of the subjects. The professional action treatment (Treatment III) showed significantly lower general anxiety following the five-week treatment compared to the wait-control group (Treatment IV).

Supplementary data consisted of separate analyses of Item 2 responses from the Specific Fear Index, statistical analysis of non-treatment related participant behaviors, analysis of the techniques used by helpers in the action treatments and the presentation of the data concerning number of sessions, dropouts, referrals and changes in the subjects' goals.

The data from Item 2 of the Specific Fear Index were analyzed separately according to paradigms A and B. A two-way analysis of variance failed to indicate significant effects for treatments, sex of helper or their interaction. The results of a one-way analysis of variance on the Item 2 data

were not significant, and the conclusion was that there was no difference on the Item 2 data among the treatments.

Data on those non-treatment related behaviors of the participants which were directed toward the goal of increased dating behavior were analyzed using the Fisher Exact Probability Test. The wait-control group utilized significantly more such behaviors than did the group in the experimental treatments.

The behaviors of the peers and professionals in the action treatments (Treatments II and III) were analyzed by means of χ^2 test-for-K-independent samples. The test statistic was significant at greater than the .001 level. There was a difference between the peers and the professionals in the frequency with which they used the techniques enumerated.

The data on the number of sessions, dropouts, referrals for further treatment, and changes in the goals of the participants were presented according to treatment and sex of helper. These data were not subjected to statistical analysis.

Limitations of the study

There are four main areas from which the limitations of this study arise. They are (1) the experimental design, (2) the sample, (3) the helpers, and (4) the criterion instruments. Various aspects of these four factors limit the strength and scope of our conclusions about the effectiveness

of peer and professional helpers, of male and female helpers, and of the action and talking relationship modes of treatment with college men with dating problems.

Those aspects of the design which are limiting factors in the interpretation of the results include: (1) the limitation of the experimental treatments to three plus a wait-control group, (2) the short-term nature of the treatments, (3) the use of a wait-control group as a base-line against which to compare the experimental treatment groups, and (4) the inability to eliminate uncontrolled variables from impinging upon the participants during the study.

The three experimental treatments in the study were defined in order to permit the comparison of an action-oriented treatment with helpers of professional status (Treatment III) with a parallel action treatment in which the helpers were not professionals, but rather, peers of the subjects in the study (Treatment II). The treatments also permit the comparison of professionals utilizing a talking-relationship approach (Treatment I) and using the action-treatment (Treatment III). It is <u>not</u> possible to compare the effectiveness of professionals versus that of peer helpers when both are utilizing a talking-relationship treatment nor to compare the effectiveness of peer helpers in the two different modes of treatment. A fourth experimental group, requiring a minimum of eight to ten more subjects, would have been necessary

for a balanced design providing data relevant to the above question.

The action and talking relationship treatments differ in the consistency of the relationship with the helper as well as in the mode of treatment. The action-treatments each had the participants seeing a series of five helpers in order to minimize the relationship variable which comprises such a considerable part of Treatment I. A consistent relationship is, by definition, a part of Treatment I, while a variety of relationships is, by definition, a part of Treatments II and III. This confounding of consistency of relationship with mode of treatment (action or talking relationship) is necessitated by the limited number of experimental treatments.

The limitation of the treatments to five weeks in duration is partially the result of the cost factors of time and money. The fact that one-half of the participants were either referred for further treatment or referred themselves following the study (see Table 3.15) suggests that five weeks may not have been sufficient for significant changes to take place. At least six of the thirty experimental subjects did continue in individual or group therapy following the study. All of these men evidenced decreases in general and specific anxiety, and all but one were dating at the end of the follow-up period. This lends support to the idea that perhaps the other men to whom their helpers (or in three cases, the

investigator) suggested continuation of treatment might have benefited from a longer treatment. Such treatment was available following the program for all participants either with their counselors in the study or with the counseling centers at the college where they were enrolled. Since this service was free, there was no financial reason why the other nine men referred could not have continued treatment. In some cases, they may have done so after the last data were collected.

The use of a wait-control group against which to compare the experimental treatments presented a major difficulty. The data presented in Table 3.13 lend support to the contention that, "clients in control groups are almost always involved in a variety of help seeking behaviors which yield encounters with therapeutic agents existing in the community [Strupp and Bergin, 1969, p. 64; Bergin, 1963, 1964]." The term "wait-control group" then may well be a misnomer and, as Bergin proposes, our baseline control group may not have been a control group at all but a type of "therapy group(s) [Bergin, 1963, p. 247]."

The design of the study does not prevent non-experimental influences from impinging upon the subjects during the program. Such variables as (1) the reaction of friends and/or family to the subjects participating in the program or to dating behavior, (2) changes in residence, (3) class

assignments and final exams, (4) part-time jobs (5) family or academic crisis may well have been relevant to the subjects' progress during the study. The process variables of treatment such as empathy, congruence, and client-therapist mutual regard may also be relevant to change. In this study such variables are only controlled through random assignment to treatment and sex of helper. The design does not permit follow-up observation of these variables, and of how they may be distributed across treatments and sex of helper.

The particular samples used in this study results in several limitations. The small sample size lessens the certainty that the sample has a normal distribution. Any variables relevant to change which are not normally distributed will be more heavily weighted due to the small sample size. This possibly suggests the need for caution in generalizing from the results.

The standard error of estimate is inflated due to the limited number of observations, thus decreasing the probability of significant differences between the experimental and wait-control treatments.

The sample of subjects is, deliberately, a particular male problem group, relatively homogeneous as to age, status and goals upon entering the program. They are, according to the data which are presented in Table 2.1, extremely anxious young men about many things, including dating behavior. This

particular study, moreover, included twenty-six students who lived with their family of orientation. All of the schools represented in the study, except for Parks Aeronautical College, have either large or predominantly commuter populations. The University of Missouri, St. Louis, is completely a commuter campus. The range of the validity of the conclusions is limited to similar problem populations and may be only tentatively extended to similar problem groups, such as other male college students who volunteer for help with various kinds of performance anxiety.

The eleven professional helpers in the study were not necessarily representative of professionals in the field of college counseling. The selection of counselors was dependent upon their availability and willingness to participate in addition to their professional experience and competence.

The peer helpers were also selected partly on the basis of their availability and interest in participating in the project. All but one of these students were from St. Louis University, a private Jesuit university. All of these helpers were Roman Catholic and, therefore, not a typical sample of college students. The peer helpers were also younger in age than the subjects whom they helped, as indicated in the data presented in Table 2.1. The peers averaged slightly over 19 years of age and the subjects in the peer treatment had a mean age of 21.6. It seems possible that the

age difference between the peers and the professionals may have worked to increase the self-consciousness of both the participants and the helpers. This point is discussed more fully below.

The instruments used to measure the changes following treatment in the study are limited to what the subjects report they did (dating frequency--Table 3.7) or felt (in regard to general anxiety and satisfaction with the program--Tables 3.2, 3.8, and 3.10). As with all self-reports, the responses were subject to deliberate falsification, unconscious distortion, and simple lapses of memory.

Only the changes which the four criterion instruments are sufficiently sensitive to measure could be detected following treatment. The Specific Fear Index is not a standardized instrument. There is only limited information available to its validity and reliability.

The internal consistency reliability coefficients obtained from the pre- and post-experimental administrations of the general and specific anxiety measures indicated that the population of items for each of the instruments used was relatively homogeneous for each instrument. The Willoughby yielded coefficients of .84 for the pre-test and .89 for the post-test data. The Specific Fear Index yielded reliability coefficients of .79 and .89 from the pre- and post-testing. The reliability coefficients for each of these instruments

indicated that they measure with a reasonable degree of accuracy. There is no reason to believe that the paucity of results in this study is due to lack of reliability of either of the anxiety criteria.

Discussion

The findings in this study provide evidence that a five-week long counseling treatment can lower the general anxiety level of college men who have difficulty in dating (Table 3.2). The treatment which made a difference in general anxiety when compared to the control group was the action-oriented professional counseling program (Treatment III). This treatment, in which the subjects saw a different helper each week, yielded results significant at the .05 level of confidence on general anxiety, but on no other criterion measure. No other treatment showed a significant effect on any of the four criteria used to measure outcome (Tables 3.2 through 3.6). The analyses revealed no statistically significant effect for sex of helper or interaction of the sex of helper and treatment variables.

Before other findings are discussed, the appropriateness of the arbitrary .05 decision rule should be considered. While it is recognized that a standard for acceptance or rejection of hypotheses must be established and adhered to, it would seem in retrospect that the .05 standard might be overly parsimonious for a study with this sample size and instrument

limitation. It has been argued that, "if the findings of a study are to be used as the basis for theory and further hypotheses for social action, it does not seem unreasonable to require a higher level of significance than the .05 level [McNemar, 1962, p. 64]." Skipper, et al., stated that the use of present recommended or conventional levels of significance are "due for reassessment," and that, "it is the nature of the problem under study which ought to dictate which type of error is to be minimized [Skipper, Guenther, and Nass, 1967, pp. 16-17]." Proponents of this point of view contend that the risk of overlooking real differences which is run with the conventional alpha levels of .001, 01, and .05 may unduly limit the consideration of alternative strategies and impede interpretation of the data. They also point out that generally "large error rates (.10 or .05) should be used for small N's [Langowitz, 1968, p. 220; Winer, 1962; McNemar, 1962; Skipper, Guenther, and Nass, 1967]." The recommendation of Skipper and colleagues was that the actual level of significance associated with each research finding should be stated along with other essential information and the researcher's opinion about the support or lack of support in the data for the hypotheses.

The actual levels of significance for each finding in the current study are stated in Chapter III, although the previously agreed upon decision rule for the findings for the

study was .05. It could be argued that even a .10 level of significance would have been suitable in view of the size of the sample and the fact that type 1 and type 2 errors are of approximately equal importance in a study such as this. In such a case, says Winer, "the .30 and .20 levels of significance may be more appropriate than the .05 and .01 levels [Winer, 1962, p. 13]."

The results of the study which most strongly call for explanation are the relative effectiveness of the professional-action treatment compared to the peer-action and professional-talk-relationship treatments and the overall flatness of the results when experimental treatments are compared to the wait-control group.

Were the parsimonious .05 criterion replaced by a more permissive standard such as .10, as some researchers would advocate in a study of this type, some additional differences could be considered. Treatment III was clearly the most effective of the four treatments. Although the differences between treatments only reached significance on the general anxiety criterion, in view of the preceding discussion of criterion levels treatment differences ($p < .06$) should be noted. Again it was the professional-action treatment group which showed the greatest decrease. Treatment III subjects had a mean drop of 9.5 points in Specific Anxiety of the post-test data collection, compared to 6.2 points for the

professional talk-relationship treatment and 6.1 points for the peer-action condition (see Table 3.9).

The Treatment III participants also evidenced the greatest average increase in dating frequency of the four treatment conditions (Table 3.7). Seven of the ten men in this treatment increased their dating behavior.

One-half of the individuals in the professional-action treatment improved on all three of the criteria reflecting change. All of the subjects in this treatment showed improvement on at least two of these criteria and all but one indicated a positive reaction to the program. The effectiveness of this treatment, then, was not merely the result of a few extreme successes, but was the result of general improvement among the subjects in the professional-action condition.

Neither the professionals who served as counselors nor the activities involved in having each subject contact his helper for the week were found exclusively in Treatment III. All of the Treatment I counselors participated in the professional action treatment and only two of the Treatment III counselors did not participate in both treatments. The professionals were more familiar with the verbal-relationship procedures than they were with the techniques available to them in the action treatment (III). There seems no reason to believe that the greater effectiveness of the professional

action treatment was due to greater professional competence in that treatment. Treatments II and III (the peer and professional action treatments) had the same structure concerning the consistency of helper, weekly letters informing them of their helper for the week and the necessity to make telephone contacts and arrangements with their helpers each week. The peer helper treatment, however, was less effective than either of the two professional treatments (see Tables 3.6 and 3.9). Rehearsal of telephoning and appointment making behaviors does not, then, seem to have been a crucial factor in the effectiveness of Treatment III.

The comparative effectiveness of Treatment III would appear to be due to the variables by which it differs systematically from the other treatments, i.e., the use of a series of professional helpers with each subject and the utilization of an action approach and techniques.

The difference in the consistency of the helping relationships between the action and talking-relationship approaches was integrated into the design in order to prevent the action treatments from having the advantage of a helping relationship plus the action techniques. It is not possible to tell with this design, unfortunately, whether the action treatment by professionals was the most effective in spite of the discontinuous relationship or whether meeting a series of concerned helpers rather than just one might have had a

positive therapeutic value for the participants. It may have given them more varied experience and more data from which to generalize and upon which to act concerning their problems with dating behavior. A research design in which a professional action treatment similar to Treatment III is compared to an action-oriented treatment with only one professional helper for each subject with a similar problem would speak to that question. At present, it is not possible to separate the effectiveness of the series relationship from the action techniques in discussing the results.

The behavior of the subjects in the action treatments as they attempted to arrange their weekly meetings made clear that they lacked practice in social skills and interpersonal relationships. They tended not to see any need for two-way planning in making arrangements with their helpers. When their own plans were settled for the week (often late in the week) they telephoned their assigned helpers and assumed that the helper would be available. While this behavior may be partly the result of their resistance to change or fears about the program, they actually did not seem to recognize that the people with whom they were to meet often had plans, concerns and conflicts with schedules which might make it difficult to arrange a meeting; nor, where they able to imagine what other person or persons in an interaction might be experiencing. It had never, according to many of the helpers, occurred to

these subjects that girls might also be anxious about dating or worried about what to say or how to make a good impression on a date.

The action techniques used by the series of professionals in Treatment III gave the subjects in that condition the opportunity to perform behaviors relevant to dating "in a variety of diverse social situations [Bandura, 1969, p. 105]." The professionals utilized assignment of target behaviors in 32 out of a total of the 41 sessions which took place in the professional action treatment. They recorded the use of role-playing or rehearsal in 19 sessions and talking and listening in 35 sessions (see Table 3.15). The subjects in Treatment III were given assignments varying from listening to a tape on desensitization to talking to a girl in the "snack bar" or taking a girl out for a hamburger or talking and listening to someone of either sex in a class. In most instances, the assignments were discussed in the ensuing interview with their next helper. The subjects in this treatment also experienced an opportunity to role-play and rehearse social interactions in a situation with a low risk of failure and an opportunity for helpful feedback. Techniques used and the particular situations involved depended upon the previous assignment, what had transpired regarding it, the subject's individual problem and the predilection of the counselor for particular techniques.

The values of the action techniques utilized by a series of professionals with the goal of helping college men with dating problems significantly reduce their general anxiety is supported by the results of the analyses of the Treatment III data. To a lesser extent, the value of this treatment in reducing specific dating anxiety and increasing dating frequency also lends support to the point of view, espoused by Dewey and later reiterated in the context of counseling by both Bandura and Rogers, that people learn by doing. Limitations in design make it impossible to determine how much of the effectiveness of Treatment III was due to a series of professional relationships and how much was due to the inclusion of the action techniques in the treatment. It does not seem reasonable, however, to assume that the exposure of the participants to five professionals in "one shot" meetings was a decisive factor in the greater effectiveness of the professional action treatment than the activities in which the participants engaged in Treatment III. Until further experimentation suggests otherwise, one can hypothesize that the use of action techniques rather than a variety of relationships is directly related to the efficacy of this treatment.

Comparison of peer and professional helpers was another purpose of the study. The data indicate a definite trend toward the greater effectiveness of the professional treatments when compared to the peer treatment, although the

differences do not reach statistical significance (see Tables 3.6-3.9). Treatment I, the professional talking-relationship treatment, was second to the professional action treatment on both anxiety criteria. Treatment I subjects indicated the greatest amount of satisfaction of any treatment and increased their dating frequency more than did the subjects in the peer treatment. The peers, then, did not function as effectively as did the professionals either in the parallel treatment (Treatment III) or in the contrasting condition (Treatment I).

While the peer and professional action treatments were structured as parallel treatments except for status of helper, the two types of helpers engaged in very different activities with the participants whom they saw (Table 3.15). The professionals also accounted for 76 percent of the rehearsal and role playing and 78 percent of all other behavioral techniques which were used in the action treatments. The peers relied chiefly on advice giving in addition to the talking and listening which took place with similar frequency with each status of helper. Very few of the peers actually utilized action techniques in Treatment II. In general the peer sessions turned into advice-centered conversation in informal situations which superficially resembled dates or "rap sessions." Although it seems obvious that the difference in the frequency with which peers and professionals used the action techniques appropriate for Treatments II and III

must have been related to the difference in the effectiveness in the treatments, it is not possible to conclude that the frequency of action technique was the only relevant variable. The professionals in Treatment I who could not use any action techniques were more successful than the peers who could.

The professionals differed from the peers in training, age, and possibly in relationship variables, as well as in the frequency with which they used appropriate action techniques. Any of these differences may have been related to the difference effectiveness between the peer and professional helpers.

The training for the peers was brief and did not succeed in enabling most of them to use the action techniques such as assignment of target behaviors. They did not seem to grasp the idea that advice is only one of many available techniques and that often it increases the feelings of frustration and inadequacy in the person who receives it. While the brief training sessions dealt with the concept that being told what to do is not usually as useful as doing it either in practice or in the problem situation, the peers did not provide frequent opportunities for the participants to perform such behaviors beyond those which were built into the structure of the treatment. It seems that either the peers needed further training to familiarize themselves with appropriate action techniques and to feel comfortable enough to

use them or that they were not sufficiently flexible or aware enough to adapt their approach to the needs of the individual participants in the study.

The peer helpers had expressed concern in the training sessions about possible difficulty in working with men who were older than they. While they denied that this was a problem once the program began, it may have contributed to self-consciousness among the helpers or feelings of social isolation, embarrassment, or resentment in the participants. The peer helpers had a mean age of 19, and the subjects in the action treatments had a mean age of slightly over 21. The professionals averaged 30 years of age. Two participants did make comments to the investigator indicating that they objected to the youth of the peer helpers. It seems possible that the youth of the peer helpers made the females so similar to a "date," but a potentially judgmental and "expert" date, that the situation aroused too much anxiety or hostility for maximal learning. One participant who had been assigned to the female helper condition of Treatment II complained about this early in the study: "If I could ask a girl out, I wouldn't be in your study. This is too hard!!"

Morgan (1970) found that adding a model to a behavioral rehearsal treatment had a detrimental effect on his college students with dating problems. The male and female peer helpers in the present study may also have been viewed as

models by the participants, and the men may have found the discrepancy between the social skill of the peer helpers and their own naiveté extremely discouraging. The models may not have been conducive to imitative behavior on the part of the subjects, but rather toward a defeatist attitude.

The professionals may have differed from the peer helpers in the quality of the relationship which they were able to develop with their participants as well as in the activities in which they engaged with them, but the design of the study does not provide data on process variables. One would expect, however, that professionals would be less anxious and more skilled and flexible in understanding and responding to the problems of their participants. According to their notes and to their conversations with the investigator, they gained much more specific data about how the men in Treatments I and III felt and acted in interpersonal situations than did the peer helpers.

The present design only permits us to say that, while the differences between experimental treatments do not reach statistical significance, both professional treatments were more effective than the peer treatment. It seems likely that a combination of the use of action techniques and greater skill accounts for this difference.

Sex of helper was hypothesized as a variable which might well be relevant to client change. The effect for sex

of helper ($p < .07$) in the MANCOVA analysis of the data from the two anxiety measures (Table 3.3) should also be noted. There was a greater lessening of general anxiety in those participants who saw male helpers. There was little difference attributable to sex of helper on the results of the analyses of the data from the specific anxiety or dating frequency measures (Table 3.4). In the case of dating frequency, however, those participants with female helpers increased dating behavior almost twice as much on the average as did those with male helpers. There was an average increase of 2.9 dates for those men with female helpers and an increase of 1.5 dates for those with male helpers (Table 3.7). Moreover the trend on the client satisfaction data was toward greater satisfaction expressed by those participants who saw female helpers (Table 3.8). Perhaps the increased dating frequency on the part of the subjects who saw female helpers accounted for less improvement on general anxiety, since the dating behavior may have been somewhat anxiety provoking.

The activity of the men in the "wait-control" group during their waiting period deserves discussion. These men clearly did not wait, but made determined efforts to turn Treatment IV into a therapy condition. The men in this treatment evidenced a greater increase in dating frequency than any group other than those in the professional action treatment. They utilized many extra behaviors directed toward their goal

of increasing dating behavior (Table 3.14). These activities consisted of calling the investigator for advice, support, and suggestions about social organizations, joining social groups, entering psychotherapy or anxiety reduction programs, and sharing their "problem" with friends, employers or the family physician. A significantly greater number of such behaviors were adopted by the Treatment IV (wait-control) subjects than by those men in the three experimental conditions. The three men in Treatment IV who were dating within the post-treatment follow-up period had all been active in this way. One man entered psychotherapy, one joined a fraternity, and the third called the investigator for information about social groups, joined the YMCA and began to date a girl whom he met there. As Bergin surmised, the effects of extra therapeutic contacts sought out as "resources for promoting change [Bergin, 1963, p. 245]" are not randomized across experimental and control groups. Those men in the three experimental conditions did not seek additional help from other sources nearly as frequently as did the Treatment IV subjects (Table 3.14). "Control groups may actually represent a test of the effectiveness of non-professional therapeutic conditions [Bergin, 1963, p. 249]."

The "wait-control" subjects showed increased anxiety at the time of post-testing (Table 3.11). Two of the three men who began to date in Treatment IV showed substantial

increases on the general anxiety measure. This suggests that the dating behavior may have been anxiety provoking for them. The other dater in Treatment IV entered psychotherapy during the waiting period and his general anxiety decreased.

One further result of the study which calls for brief attention is the difference in the results from those reported by Martinson and Zerface (1970) in their study with non-daters at the University of Indiana. The difference between their peer action treatment and the control subjects was significant at the .01 level using an analysis of variance. The peer treatment was more effective than the professional counseling in their study. The peer group, however, had a much lower initial anxiety level than did the subjects in the professional counseling group (Zerface, 1968, pp. 83-85). It seems likely that an analysis of covariance technique using the pre-test general anxiety score as the covariable would have indicated less difference between treatments than did the ANOVA used by Martinson and Zerface. It also seems possible that similar problem peers might be more helpful with college men with dating problems than the peers such as those in this study who saw themselves in the role of the helping person.
A third possible factor which may help to explain the different results in the two studies is the difference in the sample. Indiana University students may be very different from the students from various colleges in the St. Louis, Missouri area.

The overall flatness of the results when experimental treatments are compared to the wait-control group is, naturally, disappointing. It would seem that the high level of initial anxiety of the subjects, the short-term nature of the treatments, the problems in defining dating improvement and the effective activity of the wait-control group all contributed to the paucity of significant results.

One-third of the experimental subjects reformulated their goals to objectives which they found less difficult than dating, but which they viewed as sub-goals to the basic goal of increased dating behavior (Table 3.15). In most cases, these sub-goals involved trying to increase social interaction with people in general and working up in order of difficulty to initiating conversations with girls and asking girls for dates. The subjects who reformulated their goals in terms of easier objectives were distributed fairly evenly through the three experimental treatments.

The data presented in Table 3.15 also indicate that in one-half of the cases in the experimental treatments, five weeks was not considered sufficient time to solve the problem in the opinion of the professional helpers, the investigator, or the participants themselves. In view of the initial anxiety level of the participants, which was similar to that of Wolpe's neurotics and one and one-half standard deviations above that of the college norm group for the Willoughby, this

is scarcely surprising. Dating was only one of many things of which these men were frightened. A short-term treatment seemed practical and appropriate when the study was planned. The tentative assumption of the investigator was that non-dating is frequently a developmental problem and can, in most cases, be handled economically in five sessions. Morgan (1970) and Martinson and Zerface (1970) had achieved changes in such students in three to five interviews at the University of Indiana. The five-interview limit seemed long enough to handle a specific developmental problem and short enough to avoid the accumulation of additional treatment goals to the original presenting problems of dating difficulty. Many of the men in this sample had such high initial levels of general anxiety that five weeks probably did not give them sufficient time to move into dating behavior or at least into frequent dating.

A factor which may have contributed to the flatness of the results on the dating change criterion was the definition of "dating frequency." The choice was made to consider the difference between the number of dates in the six weeks prior to the study and the number of dates in the six weeks following the study as the criterion for dating change. For reasons of economy and simplicity, it was assumed that any one date could be equated to any other date and weighted equally.

Inspection of the data suggests that this decision did not change the outcome data to any great extent. The percentages of the non- and seldom-daters who increased their dating frequency were 58 percent and 57 percent. The similarity of the success rate for the two groups suggests that there is no reason to place a different value on a date for previous non-daters than seldom-daters. It does not appear from perusal of the data that weighting the dates according to anxiety level of the pre-testing or to a combination of non-dating and anxiety level would have changed the results of the analyses of the data. Treatments III and IV would still have shown the greatest effectiveness on the dating frequency criterion.

Any consideration of the study should include comment upon the timing of the study and possible effects. Some of the participants told the investigator that they had not dated during the second half of the six-week follow-up period because of the approach of final examination week. Most of the schools in the area had their exams during or right after this period. It seems reasonable that to some extent, particularly with the students from Washington University, whose examination period coincided the most closely with the last three weeks of follow-up for most participants, exams may have limited the number of dates during the post-test follow-up. Six of the students in Treatment I were from Washington

University, so this treatment may have been unduly affected by finals week.

A further factor to be considered in the discussion of the experimental results is the data from Treatment IV. The most important contribution to the small differences between the experimental and wait-control groups on the dating frequency criterion was probably the improvement of the wait-control group in dating frequency. As previously discussed, these men made active efforts to improve their situations and with three of the eight men in Treatment IV, the efforts led to dating behavior. One of these men accounts for a great amount of group increase. The mean increase for the Treatment IV group was 2.625, but one subject had sixteen dates during the six-week follow-up period.

Implications for further research

Future research should provide further manipulation of relevant variables and permit us to address more fully the questions of the relative effectiveness of lay versus professional interventions, of action versus verbal relationship treatments, and of the behavior of the wait-control subjects.

The peers used in this study were clearly less effective (and less active) in the action treatment than either the professionals in the action treatment or the professionals in the verbal relationship condition. Further experimentation

with the same problem population, but having the peers use a verbal-relationship approach parallel to that in Treatment I, would permit the additional comparison of peers and professionals in a talking-relationship treatment, and of peers using two kinds of treatments.

The professionals were most effective in the action treatment, but here further research is needed to sort out the effect of the consistency of the relationship from the mode of treatment. Would an eclectic approach (verbal-consistent relationship plus the action technique) have been more or less effective than Treatment III with action techniques coupled with a variety of brief ("one-shot") relationships? These approaches can be compared in future research.

The question of the appropriate amount of training for peer counselors remains to be answered. Would more training have increased the effectiveness of the peer helpers in the action treatment? The peer helpers used by Martinson and Zerface had no training at all, but they had the same problem as the men whom they saw in the arranged interaction (they were non- or seldom-daters). It seems possible that such limited training as the peers had in this study is a dangerous thing. Perhaps untrained but similar problem peers would have been more useful with this problem. The training level and the problem status of peers would have to be manipulated systematically while other variables were held constant

in order to give us answers to whether more or less training with problem or non-problem peers using either of the two treatment modalities would be more effective. The finding which would be the most economical, of course, would be that untrained problem peers are effective in increasing the dating behavior of men with dating problems. Since the supply of non-dating males who are willing to volunteer for such a program is limited, it would seem appropriate to begin with a design which again investigated the helpfulness of similar problem peers.

The data on the activities of the wait-control group underscore the need for further research in this area. What is the value of the expectation of help for wait-control subjects? Would subjects in a no-treatment control group who were told, "sorry the program is filled," have utilized more or less outside help? Would it have proven as effective? Does the elevation in anxiety which occurs in this study occur in other control groups as well? Paul's work (1966a, 1968) indicated that a placebo control can have beneficial and lasting effects. How do these effects compare with wait-control and no-treatment control results? What do the "controls" in other studies do in the way of help-seeking behaviors? Do the wait-control subjects show improvement on the anxiety measures when they do get treatment? Do these subjects continue to increase in dating frequency?

Some target behaviors, such as dating behaviors, are fairly easily worked on with or without a counselor. Left to their own devices, but with many people accessible who have some experience in the area, at least some humans begin to find solutions to the problem of performing the behaviors without counselor assistance. Other behaviors are so complex or so far from the conscious awareness of the subject that it seems unlikely that people would be able to change old behaviors or to achieve desired new ones during a "wait-treatment" period. It is difficult to imagine waiting period and self-help procedures being very effective with pervasive anxiety, acrophobia, or the schizophrenias, for example.

Though Bergin et al. indicated long ago that control subjects tend to be very active, we seem largely to ignore this in our research designs and in the interpretation of results. The use of a control group as a baseline against which to compare the effectiveness of experimental treatments does not seem very realistic. Perhaps it would be more economical to substitute an additional experimental treatment in order to permit a tighter design. In the present study, for example, either a peer-talk-relationship or a professional-action-consistent-relationship treatment perhaps would have been a better comparative treatment than the use of a wait-control group.

The improvement of the subjects in Treatment IV (wait-control) on the criterion measure which coincides with

the presenting problem suggests one more possibility for future investigation. Clients with similar problems could be channeled into a kind of a "treatment system" ordered according to which of the interventions which have been shown to be helpful are the most economical in terms of time and personnel. The results of this study suggest that a short waiting list may be put to good use by some clients. Perhaps each client with this type of problem could first experience a waiting time similar in length to the waiting period in this study. The Treatment IV men were told that the wait would be about six weeks, but actually the time stretched to almost twice that in order to allow for post-testing. Those clients who still want treatment at the end of approximately six weeks time could then see peers in whatever short-term condition with peers seems to be most feasible and effective. Men who still have dating problems following the peer treatment would then move along the system to work with professionals in an action or action-within-a-relationship approach. The results of this approach in terms of dating frequency and whatever other criteria are deemed relevant and the cost of this type of approach in terms of staff, peer time, and money would have to be assessed.

Implications for counseling practice

The implications of this study for counseling practice are that: (1) the professionals were more effective than peers with this problem population; (2) the action-treatment with professionals was most effective; (3) sex of helper effects depended upon the criterion considered; (4) there appeared to be minimal deterioration effects; and (5) college males with dating problems proved to be a difficult group to reach, to get involved in working on their problems, and to help.

The professionals do not, it would seem, have to immediately bow out of this area of the mental health field and leave it to peer helpers. The peer helpers helped, but not as effectively as the professionals who used a parallel action treatment.

When professionals are working with men with dating problems, it would seem appropriate to be willing and able to utilize role playing, assignment of target behaviors, systematic desensitization or anxiety reduction in techniques and rehearsal with their clients. It may be the case that exposure to a variety of professionals working together to help the client achieve his goals would be beneficial.

The sex of helper effect ($p < .07$) on the anxiety criteria is worthy of consideration. Male helpers proved more effective in reducing general and specific anxiety. The

subjects who saw female helpers, however, improved more on dating frequency and indicated a higher level of satisfaction. Either male or female counselors, then, can be more or less useful to men with dating problems depending on which criterion measures are considered most important.

Any of the treatments described in the current study could be utilized with little fear of hurting the participants. As described earlier in this chapter, very few showed any deterioration on any criterion and none of these on more than one measure.

The men in this sample were very anxious about many behaviors and relationships. It was difficult to get sufficient volunteers to do the study. Many students who knew the investigator knew of suitable subjects, but were unable to persuade them to participate. The men who did take part in the study were characterized by their helpers as generally anxious, negative toward themselves and others, hesitant to assert themselves, and easily discouraged. This suggests that the student affairs activities and "outreach" counseling programs may be useful or, in fact, necessary to reach the type of student with dating problems. The activity groups of the YMCA and fraternities were extremely useful to two of the wait-control subjects who started to date and to several of the men in the experimental treatments as well. They provided accessible, somewhat structured, activities, and girls! Only

a small proportion of this type of client is likely to take the initiative to go for help without encouragement and easy availability. Most of the extra-treatment people with whom the subjects shared their problems were also very easily available (drinking buddies, fatherly employers, etc.).

Conclusion

The study presented here was an attempt to examine the effects of three short-term treatments and a wait-control condition with college men who were afraid to date, but who wanted to do so. It was an outgrowth of interest in comparative experimentation, the questions of dating problems among college students, the use of lay helpers, and the controversy between the action-oriented and verbal relationship points of view.

The results of the study provide evidence for the effectiveness of professionals in an action-oriented approach, and to a lesser extent, for the effectiveness of the other short-term treatments (including a wait-control group) in influencing the behavior of the non-dating college men who volunteered to participate in the study.

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APPENDICES

APPENDIX A

EXPLANATION AND DATING QUESTIONNAIRE

EXPLANATION

The questionnaire which you are being asked to complete is part of a study of the problems of the large number of college men who would like to date but who do not do so because of difficulties in communicating with girls. The major part of this study, however, is a free program designed to help college men who are not dating to communicate more effectively with girls. This program is offered with the cooperation of the St. Louis University Counseling Center and is open to male college students from schools in the St. Louis area.

QUESTIONNAIRE

Please indicate "yes," "no," or other appropriate answers to the questions below.

1. Are you married? _____ Your sex? _____

2. If you have dated, circle age on first date:

15 or younger	16	17	18	19	20	21 or older

3. Number of dates you've had in the past six weeks. _____

4. IF YOU ARE A MAN, please indicate by circling the appropriate number, what you think is the importance to a woman of each of the following characteristics of a man as a potential date.

   IF YOU ARE A WOMAN, please indicate, by circling the appropriate number, the importance to you of each of the following characteristics of a potential date.

a) Good looks

1	2	3	4	5
very important		somewhat important		not at all important

b) A car

1	2	3	4	5
very important		somewhat important		not at all important

c) Enough money to afford dinner and a variety of entertainment

1	2	3	4	5
very important		somewhat important		not at all important

d) A good line and lots of sophistication

1	2	3	4	5
very important		somewhat important		not at all important

e) Good manners

1	2	3	4	5
very important		somewhat important		not at all important

f) Sense of humor

1	2	3	4	5
very important		somewhat important		not at all important

g) Shows interest in girl as a person

1	2	3	4	5
very important		somewhat important		not at all important

h) Popular with other students

1	2	3	4	5
very important		somewhat important		not at all important

i) Other

5. Do you feel that most college men who care to date are doing so already? _____

6. Have you observed the notices about the dating counseling program? _____

7. If you had considered dating to be a problem for yourself, do you think you would have called for further information? _____

8. If you are a man and you wish to learn more about the dating counseling program for yourself, write your name and phone number here, or call Mrs. Nancy Hay at 863-7307, evenings.

_____

9. The proportion of college men who would like to date, but do not do so is probably about _____%.

10. The reasons which keep most men from dating are probably:

_____

APPENDIX B

NOTICE OF DATING PROGRAM

Do Communication Problems with Girls Make Dating Difficult?

A special FREE program for college men interested in dating but who have hang-ups about getting around to it will be offered soon!

For further information:

Call Nancy Hay, Counselor at the St. Louis University Counseling and Guidance Center at 535-3300, Ext. 372.
(Evenings: 863-7307)

or

Stop in at the Center, 220 N. Spring, on Tuesdays or Wednesdays during January & FEBRUARY.

Inquiries will be treated confidentially.

APPENDIX C

LETTER TO TREATMENT I SUBJECTS

SAINT LOUIS UNIVERSITY

COUNSELING AND GUIDANCE CENTER
(½ BLOCK SOUTH OF LINDELL)
535-3300 – STA. 372

220 NORTH SPRING AVENUE
ST. LOUIS, MISSOURI 63108

Dear

We are pleased that you have decided to participate in the Counseling Center's program to improve social confidence and to help you to feel more relaxed about dating.

Following is a description of the program: Each week for five successive weeks you will meet with your professional counselor, Please call at to arrange for the time and place of your first meeting. Call at once to give time to arrange your schedules. You should plan on having your first meeting the week of . In your counseling you will be encouraged to talk about your particular problems about dating. You should feel free to discuss such questions as: Why am I uncomfortable around girls? What are girls looking for in a date? What do girls like to talk to men about? Is it rational to feel nervous in social situations or to worry about the girl saying "No" when I ask her out? Many men are concerned with questions like those listed, but others may be relevant for you. By all means, feel free to discuss whatever issues about dating and girls seem important to you. It is often very difficult to discuss such personal concerns. Try your best to be open and candid, because this will be a significant factor in helping you to gain confidence and to achieve your goals about dating.

Three short forms are enclosed. Please complete them and return them immediately in the stamped envelope. Two of these same questionnaires will be administered again at the close of the program for research purposes. Your cooperation is appreciated! Please remember that this material is strictly confidential.

Sincerely yours,

APPENDIX D

DESCRIPTION OF TREATMENT I FOR PROFESSIONAL HELPERS

TREATMENT I

"Professional counseling" with a talking-relationship focus consists of one one-hour session each week for five weeks. One half of the subjects will have male counselors and half will have female counselors. Prior to treatment, "subjects" will receive a form letter encouraging them to discuss concerns relating to their dating problems in their counseling sessions. This "treatment" will follow the "traditional counseling" model. The emphasis will be on talking within a warm professional dyadic relationship as a method of helping a client with a specific problem--dating behavior.

Specific inefficient behaviors may be discussed, more effective behaviors may be suggested or encouraged (but not assigned). Feelings, expectations and apprehensions of the client about girls and dating may be talked about, information about girls and dating may be given, and client misinformation (hopefully) clarified. These clients will be handled as the counselor would normally handle such a presenting problem, but no behavior modification or action techniques are appropriate to Treatment I. The limit of five weeks will, most likely, necessitate focusing largely on the presenting problem, limit the depth and scope of exploration and the goals of the counseling to those related to dating girls. Certain counselor behaviors and techniques will be eliminated from this treatment due to the nature of the experiment. Role playing, formal relaxation treatment, hypnosis, rehearsal with models, arranging dates, structured practice of appropriate behaviors, diary keeping, and specific assignments with feedback to the counselor will not be considered appropriate to Treatment I (the professional talk-relationship treatment).

APPENDIX E

LETTER TO TREATMENT II SUBJECTS

SAINT LOUIS UNIVERSITY

COUNSELING AND GUIDANCE CENTER
(½ BLOCK SOUTH OF LINDELL)
535-3300 - STA. 372

220 NORTH SPRING AVENUE
ST. LOUIS, MISSOURI 63108

Dear

We are pleased that you have decided to participate in the Counseling Center's program designed to improve social confidence and to help you feel more relaxed about dating.

Following is a description of the program: Each week for five successive weeks you will meet with a different helper. The name and telephone number of helper with whom you are to meet will be forwarded to you by mail weekly. will be expecting your phone call early in the week. When you call her the two of you can establish an appropriate time and place for your meeting that week. Your meeting can be structured around your particular problems about dating. You should feel free to discuss openly such questions as: Why am I uncomfortable around girls? What are girls looking for on a date? What do girls like to talk about with men? Is it rational to feel nervous in social situations or to worry about a girl saying "No" when I ask her out?

These are only examples of the kind of concerns which many men have about dating. Other questions may be more relevant for you. By all means discuss them! It is often painful or difficult to talk about such personal problems. Try your best to be open and candid, because this will be a significant factor in helping you to gain confidence and in making dating easier and more pleasant. Your helper may also encourage you to practice various kinds of social interaction --such as talking to a girl in a class, asking a girl out to a movie, etc. Such rehearsal will also be an important factor in increasing your information, ease, confidence with girls and in achieving your goals about dating.

Three short forms are enclosed. Please complete them and return them immediately in the stamped envelope. Two of these questionnaires will be readministered to you after the program for research purposes. Your cooperation will be appreciated! Please remember that all such material is confidential.

Sincerely yours,

Nancy M. Hay, Counselor

APPENDIX F

DESCRIPTION OF TREATMENT II

FOR PEER HELPERS

TREATMENT II

Arranged interaction consists of each student seeing a different peer helper each week for five weeks. One half of the students will see same-sexed helpers and the other half will see opposite-sexed helpers. Subject and helper are informed each week by mail or telephone of the name and telephone number of the arranged contact. The non-dating students are asked to assume responsibility for meeting their assigned contacts and to inform the investigator (Nancy Hay) if circumstances preclude their weekly meeting. The place and time of the meeting will be at the discretion of the helper and the non-dating students.

Prior to treatment, each non-dating student will be encouraged to discuss in the arranged interactions any problems which seem to be working against successful communication with girls. He will also be encouraged to practice in the arranged interactions certain behaviors with which he may have trouble in dealing with girls. Naturally, these behaviors will vary from student to student.

Listening, questioning, and observation will permit the helper to identify some of the problem areas. With some non-dating students we find that the difficulty seems to start with attempting to begin to talk with a girl in any setting. Other students can talk with girls but are unable to manage calling one to ask for a date. Some men have little idea of how to communicate on a date, get shot down, and then hesitate to ask another girl for fear of a repetition of the bad scene from the previous attempt.

Many men have exaggerated ideas of what girls expect in the way of good looks, entertainment, and transportation on a date. Many never consider the possibility that it might be more effective to start with a casual library or coffee "date," to see how things go before attempting more formal dates to movies, plays, games, bars, parties, or whatever.

The helper can use various ways of helping the non-daters beyond listening sympathetically and providing new information, ideas, and advice. Having the student practice talking with girls in various situations will give information about what behavior may need to be changed and give a chance for the helper to reinforce desirable behaviors. Naturally, successful performance in practice provides its

own reward. This will reduce unpleasant reactions to situations where the non-dating student is interacting with girls. The practice can be in the form of "role playing" where the helper and the student take the role of girl and non-dater in various situations. Possible imagined interactions could include: (1) male student entering a classroom and sitting next to a girl whom he does not know and with whom he attempts to start a conversation; (2) meeting the same girl in class a few days later and wanting to talk with her further; (3) seeing an attractive girl with whom he has talked alone in the snack bar; (4) asking a girl for a date; and (5) communicating verbally with a girl on a date.

The non-dating student can learn by actually talking with girls at the helper's suggestion. If the helper feels comfortable with making "an assignment" he could, for example, have the student sit down and talk briefly with a girl in the cafeteria (or wherever they are meeting).

The arrangement of a date for the non-dater or a double date is appropriate if the helper wants to do this. Girl helpers are not to date student subjects during the duration of the study, however.

APPENDIX G

LETTER TO TREATMENT III SUBJECTS

SAINT LOUIS UNIVERSITY

COUNSELING AND GUIDANCE CENTER
(½ BLOCK SOUTH OF LINDELL)
535-3300 – STA. 372

220 NORTH SPRING AVENUE
ST. LOUIS, MISSOURI 63108

Dear

We are pleased that you have decided to participate in the Counseling Center's program designed to improve social confidence and to help you to feel more relaxed about dating.

Following is a description of the program: Each week for five successive weeks you will meet with a different professional counselor. The name and telephone number of the counselor with whom you are to meet will be forwarded to you by mail weekly. will be expecting your phone call early in the week! When you talk on the telephone the two of you can establish an appropriate time and place for your meeting.

You should feel free to discuss openly such questions as: Why am I uncomfortable around girls? What are girls looking for in a date? What do girls like to talk about with men? Is it rational to feel nervous in social situations or to worry about the girl saying "No" when I ask her out? These are only examples of the kind of concerns many men have about dating. Other questions or problems may seem more relevant for you. By all means discuss them! It is often very difficult to talk about such personal problems. Try your best to be open and candid because this will be a significant factor in helping you to gain confidence and to make dating easier and pleasanter. Your counselor may also encourage you (or assign you) to carry out various kinds of social interaction with girls or to roleplay such behavior. This kind of assertive training will be an important factor in increasing your information, ease and confidence with girls and in achieving your goals about dating.

Three short forms are enclosed. Please complete them and return them immediately in the stamped envelope. Two of these same questionnaires will be readministered to you after the program for research purposes. Your cooperation is appreciated! Please remember that all such material is strictly confidential. Thank you.

Sincerely yours,

APPENDIX H

DESCRIPTION OF TREATMENT III FOR PROFESSIONAL HELPERS

TREATMENT III

Professional counseling with an action-role playing focus will consist of the subjects who are assigned to that treatment seeing a different professional counselor each week for five weeks. Half of the subjects will have male counselors and half will have female counselors. Prior to treatment, each subject will receive a letter in which he is encouraged to work in his counseling sessions on any problems which seem to militate against successful social interaction with girls. Subjects and counselors will be informed by mail each week of the name and telephone number of the arranged contact. Each subject will be asked to assume responsibility for phoning and arranging the time and place of the appointment with his counselor and to inform the investigator if circumstances preclude their weekly meeting.

Any ethical behavior modification techniques will be considered to be appropriate to Treatment III. The emphasis in this treatment is on the encouragement of the client "to engage in constructive problem-solving activities . . . that they will be more able to deal effectively with their problems [Krumboltz, 1966, p. 9]." The activities which are a part of the action treatment are designed to permit client "learning by doing."

Role playing and rehearsal of dating behaviors with the counselor or auxiliary personnel (secretaries, students, or other counselors) during sessions can give the counselor information about what the client is doing, what needs to be changed, and permits positive reinforcement of desirable behaviors. Successful performance in a practice situation naturally provides its own reinforcement. The use of formal or informal contracts or assignments in which the client agrees to perform certain behaviors outside of the session and the use of diaries or notebooks in which the clients record their behavior can provide further data and opportunity for positive reinforcement. Modeling and shaping of desired behaviors is also possible within the context of the session or between sessions. There is evidence to suggest that one must be careful of "modeling" treatments. Morgan (1970) found that the observation by clients of successful dating models in action resulted in a decrease of dating behaviors.

Formal relaxation or desensitization would also be an appropriate technique for the professional action treatment.

Examples of relevant role playing situations would be: (1) Student enters classroom prior to an announced test. He takes a seat next to an attractive girl and commences a conversation with her. (2) Student picks up the conversation with the same girl following the test the next day. (3) Student walking on campus meets an attractive girl with whom he has previously talked. They talk. (4) Telephoning a girl, with whom he has talked, to ask her for a date. They have never dated before. (5) Student is waiting for the girl for a date. She comes and they talk. (6) Student sees a girl in the cafeteria, he goes and sits next to her.

APPENDIX I

LETTER TO TREATMENT IV SUBJECTS

SAINT LOUIS UNIVERSITY

COUNSELING AND GUIDANCE CENTER
(½ BLOCK SOUTH OF LINDELL)
535-3300 – STA. 372

220 NORTH SPRING AVENUE
ST. LOUIS, MISSOURI 63108

Dear

We are pleased that you have decided to participate in the Counseling Center's program designed to improve social confidence and ease in dating situations. There will be approximately a six weeks delay, however, in starting your program. I will contact you as soon as it is possible for you to start.

Three short forms are enclosed. We would appreciate your completing them and returning them to us in the enclosed envelope. This information will be held in strict confidence! We are sorry for the delay. Thank you for your patience and cooperation.

Sincerely yours,

APPENDIX J

WILLOUGHBY PERSONALITY SCHEDULE

WILLOUGHBY PERSONALITY SCHEDULE

Instructions:

The questions in this schedule are intended to indicate various emotional personality traits. It is not a test in the traditional sense because there are no right and wrong answers to any of the questions.

After each question you will find a row of numbers whose meanings are given below. All you have to do is to draw a ring around the number that describes you best.

0 means "no," "never," "not at all," etc.
1 means "somewhat," "sometimes," "a little," etc.
2 means "about as often as not," "an average amount," etc.
3 means "usually," "a good deal," "rather often," etc.
4 means "practically always," "entirely," etc.

1. Do you get stage fright? 0 1 2 3 4
2. Do you worry over humiliating experiences? 0 1 2 3 4
3. Are you afraid of falling when you are on a high place? 0 1 2 3 4
4. Are your feelings easily hurt? 0 1 2 3 4
5. Do you keep in the background on social occasions? 0 1 2 3 4
6. Are you happy and sad by turns without knowing why? 0 1 2 3 4
7. Are you shy? 0 1 2 3 4
8. Do you day-dream frequently? 0 1 2 3 4
9. Do you get discouraged easily? 0 1 2 3 4
10. Do you say things on the spur of the moment and then regret them? 0 1 2 3 4
11. Do you like to be alone? 0 1 2 3 4
12. Do you cry easily? 0 1 2 3 4
13. Does it bother you to have people watch you work even when you do it well? 0 1 2 3 4
14. Does criticism hurt you badly? 0 1 2 3 4
15. Do you cross the street to avoid meeting someone? 0 1 2 3 4
16. At a reception or a party do you avoid meeting the important person present? 0 1 2 3 4
17. Do you often feel just miserable? 0 1 2 3 4
18. Do you hesitate to volunteer in a class discussion or debate? 0 1 2 3 4

19. Are you often lonely? 0 1 2 3 4
20. Are you self-conscious before superiors? 0 1 2 3 4
21. Do you lack self-confidence? 0 1 2 3 4
22. Are you self-conscious about your appearance? 0 1 2 3 4
23. If you see an accident does something keep you from giving help? 0 1 2 3 4
24. Do you feel inferior? 0 1 2 3 4
25. Is it hard to make up your mind until the time for action is past? 0 1 2 3 4

Your name _____ Date _____

APPENDIX K

SPECIFIC FEAR INDEX

SITUATIONAL RESPONSE RATING SCALE

Close your eyes and visualize the following hypothetical situations as vividly as possible. Circle the number which most accurately describes your feeling.

(1) YOU ARE STANDING AT THE SNACK BAR AND A GIRL WHOM YOU HAVE ADMIRED IN CLASS JOINS YOU IN LINE. YOU WOULD LIKE TO START A CONVERSATION WITH HER.

1	2	3	4	5	6	7	8	9
extremely uneasy; I'll ignore her		very uneasy, but I'll force myself to start to talk to her		uneasy, but not hesitant to talk		not too nervous, no problem		feel fine.... looking forward to a pleasant talk.

(2) OVER THE PAST SEVERAL WEEKS YOU HAVE BECOME INCREASINGLY AWARE OF AN APPEALING GIRL WHOM YOU SEE FREQUENTLY ON CAMPUS AND WHOM YOU WOULD VERY MUCH LIKE TO GET TO KNOW BETTER. YOU HAVE OBTAINED HER NAME FROM A FRIEND AND HAVE JUST APPROACHED AND REACHED FOR THE TELEPHONE TO CALL HER FOR A DATE.

1	2	3	4	5	6	7	8	9
extremely uneasy; I won't call her.		very uneasy, but I'll force myself to call her.		uneasy, but won't hesitate to call her.		not too nervous, no problem		feel fine.... look forward to calling her.

(3) YOU ARE APPROACHING THE LIBRARY IN ORDER TO MEET A GIRL WITH WHOM YOU HAVE ARRANGED AN AFTERNOON STUDY DATE. THIS IS THE FIRST TIME YOU HAVE HAD ANY KIND OF A DATE WITH THIS GIRL.

1	2	3	4	5	6	7	8	9
extremely uneasy; I hope she is not there.		very uneasy, but I'll force myself to meet her.		uneasy, but I'm not hesitant		not too nervous, no problem		feel fine... look forward to being with her.

(4) YOU ARE IN THE DORM WAITING FOR YOUR DATE FOR THE EVENING. YOU THINK THE GIRL IS ATTRACTIVE, BUT YOU HAVEN'T BEEN ON A DATE WITH HER BEFORE.

1	2	3	4	5	6	7	8	9
extremely uneasy; I'll tell her I'm sick.		very uneasy, but I'll force myself to go out with her.		uneasy, but I'm not hesitant.		not too nervous, no problem		feel fine... looking forward to our evening.

(5) YOU AND YOUR DATE ARE STANDING IN A LONG LINE WAITING FOR TICKETS TO LOVE STORY.

1	2	3	4	5	6	7	8	9
extremely uneasy; I wish I could get out of this.		very uneasy but determined.		uneasy, but at least I can think of things to say		not too nervous no problem		feel fine..... glad we have a chance to talk.

APPENDIX L

POST-TEST NOTE TO SUBJECTS

SAINT LOUIS UNIVERSITY

COUNSELING AND GUIDANCE CENTER
(½ BLOCK SOUTH OF LINDELL)
535-3300 – STA. 372

220 NORTH SPRING AVENUE
ST. LOUIS, MISSOURI 63108

Dear

If you have had any dates since when you filled out the first forms, please indicate the number of them on the enclosed Rating Scale. If you feel that your goals have changed since you entered the study, please indicate this also. Specify as best you can (briefly) which goals you have added or substituted to your original goals of ease in dating.

Thank you. Your cooperation during the study and in completing the enclosed questionnaires is appreciated.

Sincerely yours,

APPENDIX M

MISCELLANEOUS EXPLANATIONS TO PEERS AND PROFESSIONALS

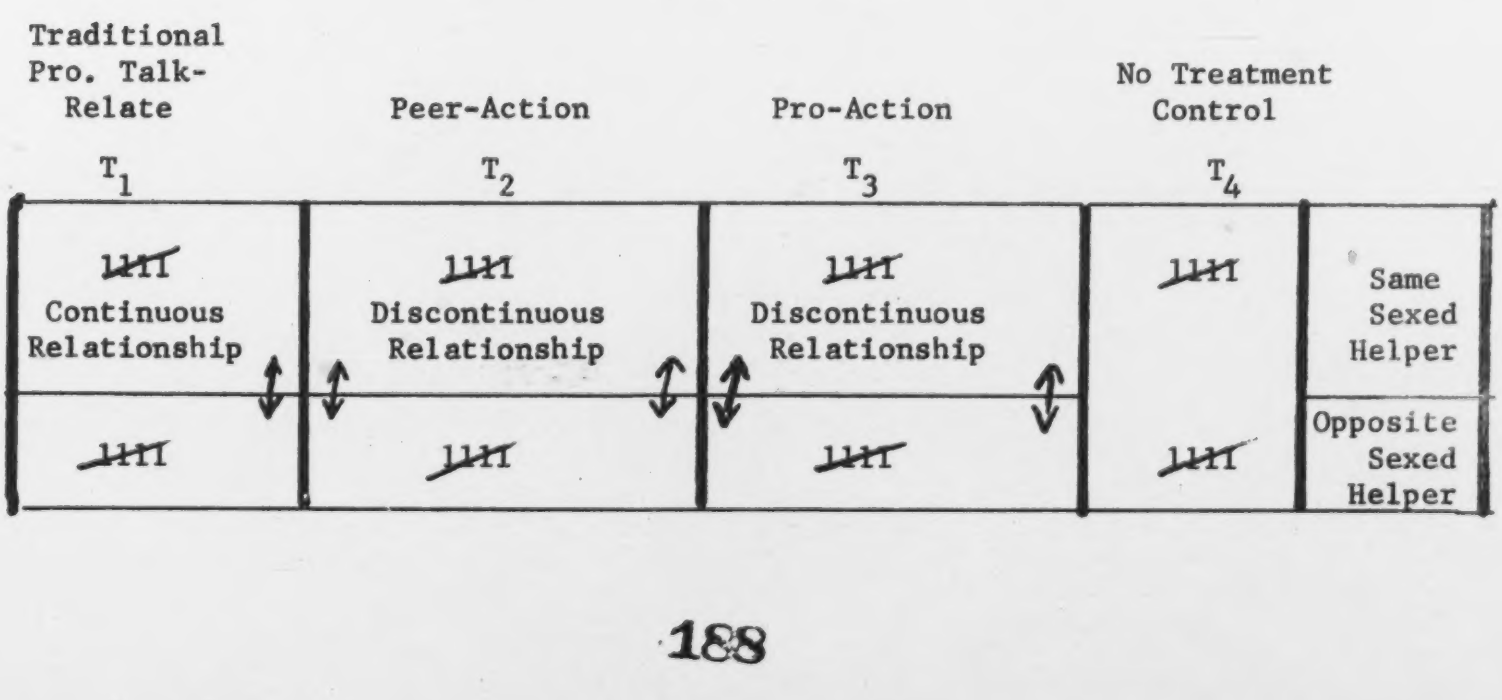
Hi!

Here are some of the ins and outs of participation in this study, an abstract and a couple of rough pictures.

Any of the five male and five female professionals (advanced clinical or counseling doctoral students or people with their doctorates) will be involved in a nimimum of five hours over a five-week period and a maximum of fifteen hours over a five-week period. There would be no more than three hours devoted to the study in any one week. If the subjects trickle in, the weeks might stretch out a bit from start to finish, however. The ten "Pros" who participate in the Action treatment will see one different student each week for five weeks. Those "Pros" who also participate in the talking treatment (6 out of the 10, I hope) will, in addition, see either one or two students in a traditional talking-relationship focus treatment. This treatment will involve one hour per week per student over a five-week period (There is a five-session limit). These interviews can be held at the St. Louis University Counseling Center or at the counselor's own office, if that is more convenient.

The design looks like this:

N=40 Male College Students



T_1 Pro Talk-relate looks like this:

Pro. Male Helper	V	W	X	Y	Z
Student Client:	21	22	23	24	25
Pro. Female Helper:	A	B	C	D	E
Student Client:	29	26	27	38	30

T_3 Pro Action looks like this:

Pro Male Helper:	V	W	X	Y	Z	WEEK
Student Client	11	12	13	14	15	1
	12	13	14	15	11	2
	13 1	14	15	11	12	3
	14	15	11	12	13	4
	15	11	12	13	14	5
Pro Female Helper:	A	B	C	D	E	WEEK
Student Client:	16	17	18	19	20	1
	17	18	19	20	16	2
	18	19	20	16	17	3
	19	20	16	17	18	4
	20	16	17	18	19	5

ABSTRACT OF A PROPOSAL

Title of Project: Peers and Professionals in Verbal and Action Interventions with Non-dating College Males

Project Director: Dr. Norman R. Stewart

Initiator: Nancy M. Hay

Cooperating Institution: Michigan State University

Total Federal Funds Requested:

Duration of Activity: November 1, 1970 through November 30, 1971

It is the purpose of this study to compare: (1) the effectiveness of professional counseling with a verbal relationship focus, (2) arranged social interaction with a variety of peers, (3) professional counseling with an action, role playing focus and a variety of counselors and (4) a no treatment control group in treating college male clients who have dating problems. Both same and opposite sexed helpers will be utilized in all experimental treatments. The results of this study will provide data on the effectiveness of same- and opposite-sexed helpers, the effectiveness of lay and professional helpers when both are using an action treatment and the effectiveness of action versus a talking-relationship treatment by professionals. All of these comparisons are made only in relation to a college male dating-problem population.

During the 1970-71 school year 40 male volunteers from colleges and universities in St. Louis, Missouri, will be pretested on two criterion measures and randomly assigned to one of the three experimental groups or to the control group. Following the treatment (approximately five weeks) they will be post-tested on these measures.

The four criterion measures which will be used to assess the relative efficacy of the treatment conditions are: (1) change in relevant social behaviors (as measured by pre-post-test change on the Willoughby Personality Schedule),

(2) change in discomfort in dating situations as measured by pre-post test change on the Specific Fear Index, (3) the number of experimental and control subjects dating three and eight weeks following the experimental treatments, and (4) the subjects reaction to their experiences in the study measured on a nine-point scale ranging from "total waste of time" to "very worthwhole."

The data obtained from the four measures will be analyzed separately using a two-way analysis of variance design in which treatment and sex of helper are the independent variables. The effects of each independent variable will be tested as a null hypothesis.

APPENDIX N

CLIENT SATISFACTION SCALE

CLIENT SATISFACTION SCALE

Rate as objectively as possible how you felt about your experience in the Counseling Center's program. Please add any comments you care to and remember that all information is confidential.

Circle the appropriate number

1 2 3 4 5 6 7 8 9

1 .... very worthwhile

2 .... somewhere between 1 and 3

3 .... worthwhile

4 .... somewhere between 3 and 5

5 .... no feeling

6 .... somewhere between 5 and 7

7 .... not worthwhile

8 .... somewhere between 7 and 9

9 .... total waste of time

APPENDIX O

CONTRACT WITH SUBJECTS

Statement of Willingness to Participate in Program

COUNSELING CENTER PROJECT

I am interested in participating in the Counseling Center's program. I will be able to cooperate fully with the program demands which call for one hour each week for five successive weeks and call for my completing several brief questionnaires.

Name _____ Age _____

Address _____

Telephone Number _____

If you have dated, please circle your age on your first date.

15 (or under) 16 17 18 19 20 21 (or over)

How many dates have you had in the past three weeks? _____

How many dates have you had in the past six weeks? _____

Have you ever been married? _____

College major, if chosen. _____

Year in college. _____

APPENDIX P

WEEKLY NOTICES TO SUBJECTS IN TREATMENTS II AND III